

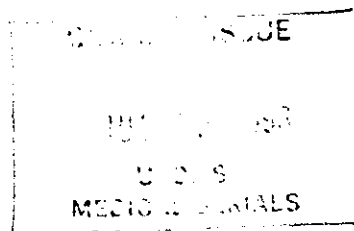
BMCJournal of the Canadian
Health Libraries Association***Bibliotheca
Medica
Canadiana***Le journal de l'Association des
bibliothèques de la santé du Canada

- CCHSA Standards and the Accreditation Process
- Factsheet on Connecting to DOCLINE
- Outreach Services :
 - Expanding Outreach Services in the Maritimes
 - Outreach Programme of the Ottawa Civic Hospital
 - Northern Outreach Library Services
 - Whither Circuit Librarianship?
 - Library Outreach for Health Care Clientele in Colorado
 - Delivering Internet Training to Regional Library Users

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Volume 17 Number 4, Summer 1996

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BIBLIOTHECA MEDICA CANADIANA

The *Bibliotheca Medica Canadiana* is a vehicle providing for increased communication among all health libraries and health science librarians in Canada. We have a special commitment to reach and assist the worker in the smaller, isolated health library.

The *Bibliotheca Medica Canadiana* is published 4 times per year by the Canadian Health Libraries Association. Opinions expressed herein are those of the contributors and the editor and not the CHLA/ABSC.



La *Bibliotheca Medica Canadiana* (BMC) a pour objet de permettre une meilleure communication entre toutes les bibliothèques médicales et entre tous les bibliothécaires qui travaillent dans le secteur des sciences de la santé. Nous nous engageons tout particulièrement à atteindre et à aider ceux et

celles qui travaillent dans les bibliothèques de petite taille et les bibliothèques relativement isolées.

Bibliotheca Medica Canadiana est publié 4 fois par année par l'Association des bibliothèques de la santé du Canada. Les articles paraissant dans BMC expriment l'opinion de leurs auteurs ou de la rédaction et non pas celle de l'Association.



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Editor's Message

Jan Johnson

Victoria Day being the traditional turning point, many of us have spent this weekend in the garden clearing debris, planning, planting, coaxing and in turn gaining sustenance from the microcosms we create and nourish. The daffodil bulbs I planted last fall remain in a state of tantalising mystery, eight inches below the surface, green shoots yet to appear. The University of Northern BC meanwhile has built a ceremonial platform outdoors in preparation for convocation at week's end, stubbornly oblivious to the threat of cold, thunder and hailstorms. In the face of contrary odds, we press on, and sometimes are delighted--and relieved--by the outcome of our optimism.

This issue has been a particularly exciting one to pull together, with contributions from coast to coast, from the US, and for the first time for this editor, written en français. The opening pieces offer useful hands-on advice, and indicate good reasons for feeling positive about the work being accomplished in the field of health librarianship. Cheryl Martin's article provides a timely and much-needed orientation to CCHSA standards and the accreditation process. Further in the practical arena, George Beckett's Fact Sheet insert formulates a comprehensive summary of technical tips for connecting to DOCLINE in Canada.

Following my predecessor's example, this last issue of the volume revolves around a theme, namely outreach services for health professionals. Outreach librarians often travel from one place to another, and in like manner, these papers draw the reader to a variety of areas. The series opens on the east coast in a Maritime academic setting, where Hughena Mac Millan and Janet Bangma describe the responsive growth of services to isolated clientele in a wide range of health-related disciplines. Ursula Riendeau outlines the progress of library outreach based in an Ottawa hospital--a programme which, without considerable determination, might not have succeeded in the face of initial failure. Sylvia Katzer's service draws us further west, as she describes a coordinated venture involving several streams of academic institutional support to remote clientele in Northern Ontario.

Travelling south, we have two engaging papers from the American scene: Victoria Pifalo summarises the current status of circuit librarianship, a critical means of serving health care practitioners onsite, while Joanne Muellenbach and Alexander Lyubechansky outline the energetic development of a recently-established service in the western US. The final paper in this collection brings us completely west to British Columbia as Robyn Jarvis, Heather-Ann Laird, and Anne Speer travel from coastal regions to the interior on an excursion of travails and learning, and in the process provide practical tips for delivering mobile Internet seminars.

The number of reports in this issue testifies to the levels of activity in this Association, but also represents a fragment of the hours invested by volunteers at the national and chapter levels. Lea Starr and Linda Wilcox describe the ongoing work of the Subcommittee on Health Sciences Information advising CISTI. Kim Polvi reports on a CHLA/ABSC Development Fund project, and Patrick Ellis sums up the accomplishments of the Task Force on Resource Sharing in compiling the Union List Survey Report, while also supplying the *Doctor DOCLINE* column. Leo Grigaitis keeps us abreast of developments at CISTI, and in keeping with the travelling theme of this issue, Paul Morency allows us to drop in and experience a session sponsored by the Section santé de l'ASTED in Quebec last fall. Je voudrais remercier Carole Brault pour l'aide qu'elle a apportée à la préparation de ce document.

The collective effort of these contributors is of benefit to health librarians across the country. The accounts of outreach librarians bring home the incredible odds they face in effectively serving their clients' information needs, but for them, as I suspect for volunteers working for the Association, it is optimism, and hope of improving situations that keeps motivation levels high. All contributors are to be congratulated, respectively, for the success in their programmes, for the success of this organisation, and for the differences they make to the lives of the people they serve. Echoing the words of George Beckett in his Nominations and Elections Committee report, I encourage you to share your optimism and offer your involvement in this Association.

Announcement

The fifth European Association for Health Information and Libraries/Association Européenne pour l'Information et Bibliothèques de Santé (EAHIL/AEIBS) Conference will be held in Coimbra Portugal, from the 18th to the 21st of September 1996. The theme is "Health Information Management: What Strategies?" This conference takes place every two years and is one of the most relevant activities for the exchange of experiences among the 500 European information professionals attending. Contact EAHIL/AEIBS at Hospitais da Universidade de Coimbra, Apartado 9023, 3049 Coimbra Codes, Portugal (tel 351-39-332 69; fax 351-39-239 07) for more information.

Erratum

The Task Force on Resource Sharing (TFRS) was inadvertently and erroneously referred to as the Resource Sharing Task Force (RSTF) in Volume 17 Number 3 of *BMC*. The nomenclatural lapse has been corrected with this issue.

A Word from the President

Lea Starr

In this time of change and restructuring in health care it often feels like a very long winter. Here in Edmonton it is April 1st, spring by the calendar. However it is snowing and below freezing for several weeks. There are signs of spring in the longer days and daffodils on lapels. Will winter last forever in the health-care sector? Certainly I know that people are experiencing stress and burnout. There have been layoffs and even library closures. However, there are also signs of spring and if we take the opportunities to nurture these signs we will see new beginnings and hope. The CHLA/ABSC Board and Task Force on Resource Sharing (TFRS) met in Ottawa at the beginning of March. We forged new relationships and strengthened existing ones. We were joined by Cheryl Martin, Acting President of the Kingston Health Libraries Association, Elizabeth Hawkins Brady, President of the Ottawa Valley Health Libraries Association and Jessie McGowan, President of the Ontario Hospital Libraries Association. They provided fresh insight and a link to the grassroots.

The Task Force on Resource Sharing (TFRS) met at CISTI on the first day with CISTI staff. They described the impact DOCLINE has had on document delivery activities. We also had an extensive discussion about the work done by each chapter in producing local Union Lists. Considerable resources are expended to produce them. Will these continue to be important as libraries participate in SERHOLD and DOCLINE? The ongoing mechanism for updating data in SERHOLD is an issue that both CISTI and the Task Force are reviewing. The role that a directory of health science libraries might play in improving knowledge of other library collection strengths and size was also explored. The costs for each of these projects is significant. Are there ways to pool our resources at a national level to develop the tools our members need? The TFRS will continue to explore these areas.

On the second day, National Library of Canada (NLC) staff joined TFRS. The Virtual Union Catalogue Project was discussed. NLC was unaware of the energy spent on chapter union lists. They acknowledged that health sciences libraries work in a sector as well as a geographic model. This needs to be considered when designing virtual catalogues. We also discussed the scattered and unique health care resources which may be excluded from regional catalogues if small health libraries are not included. The Task Force was invited to participate in ongoing activities. Patrick Ellis will be contributing to the Resource Sharing Forum at CLA. The Task Force is continuing its work with chapter buddies and is planning a portion of the CHLA/ABSC 1996 Conference.

While in Ottawa, the Board met with CISTI, and the Executive Director of the Canadian Libraries Association. I have come to understand that in these times of shrinking resources it is important that we collaborate with our colleagues to best utilise our resources.

We discussed areas of common interest such as union lists, copyright, advocacy, the National Forum on Health and education of library professionals. I feel sure that the contacts we have made will continue to grow, fostering new life.

We discussed strategic directions of both CISTI and CHLA/ABSC and opportunities for increased collaboration. I took several issues to the CISTI Subcommittee on Health Sciences Information which met two days after the board meeting. A report of that meeting, co-authored with Linda Wilcox, the other CHLA/ABSC representative to the Subcommittee is elsewhere in this issue.

Recently, I participated in a public meeting of the National Forum on Health. The purpose was to complete the questionnaire booklet in a group setting. There have been lots of references to *information* in this Forum's literature but *libraries* nowhere. I encourage everyone to attend these public meetings. They are informative and offer opportunities to share about the roles that libraries have in reducing costs while improving care. To attend just call the number found at their web site and ask about the meetings in your region. In nurturing new growth, it is important to tend to the elements which can feed your garden such as the debates on how to improve health care. I believe that libraries are still one of the best kept secrets for improving this nation's health.

Only one CHLA/ABSC chapter participated in the MLA Satellite on Accreditation. However tapes are available for loan from several of the NN/LM regional offices. Also a listserv grew out of the satellite. To subscribe send a message to majordomo@mlahq.org. The message should say -subscribe MLA-Satellite - in the body without any subject header.

Janette Hatton, our representative to CCHSA is working on a clearinghouse of information related to accreditation activities in Canadian facilities.

In June we celebrate our 20th year as an association. You may want to celebrate by attending the conference in Toronto, June 12-17th. We have noticed a decline in our membership. I urge you to confirm with your colleagues that they are members of CHLA/ABSC. If not, perhaps you would share with them why you are and encourage them to join. By keeping membership numbers up we can keep our fees low. All chapter executives must be members of CHLA/ABSC. Some chapters have chosen to pay CHLA/ABSC fees for executives as a recognition of the time they have committed to the organisation.

Nurturing connections with other national organisations, excitement over the Creating Connections Conference, and new libraries joining DOCLINE. These are all signs of spring that I can see. I look forward to getting my hands in the dirt and helping them grow. What are the signs of spring in your corner of the world? ■

Un Mot de la présidente

Lea Starr

Ces temps de changements et de restructuration des soins de santé nous apparaissent souvent comme un très long hiver. Je vous écris le 1^{er} avril et, selon le calendrier, ce devrait être le printemps à Edmonton. Toutefois, depuis plusieurs semaines, il neige et la température est en dessous de zéro. On peut quand même percevoir l'arrivée du printemps parce que les journées rallongent et que l'on porte des narcisses à la boutonnière. Est-ce que l'hiver durera à jamais dans le secteur des soins de santé? Je sais qu'il y a des gens qui vivent dans le stress et l'épuisement professionnel. Il y a eu des mises à pied et même des fermetures de bibliothèques. Il y a tout de même des signes du printemps et il faut bien s'y attarder car ce sont les signes de nouveaux débuts et d'espoir.

Les membres du Conseil de l'ABSC/CHLA et du Groupe de travail sur le partage des ressources (GTPR) se sont rencontrés à Ottawa au début du mois de mars. Nous avons établi de nouveaux liens et renforcé ceux qui existaient déjà. Se sont jointes à nous Cheryl Martin, présidente intérimaire de la *Kingston Health Libraries Association*, Elizabeth Hawkins Brady, présidente de l'*Ottawa Valley Health Libraries Association* et Jessie McGowan, présidente de l'*Ontario Hospital Libraries Association*. Elles nous ont offert des points de vue tous neufs et un lien avec la base de notre association.

Dès le premier jour, le Groupe de travail sur le partage des ressources (GTPR) a rencontré le personnel de l'ICIST sur les lieux mêmes de l'Institut canadien de l'information scientifique et technique. Ils ont décrit les répercussions de DOCLINE sur leurs activités de recherche de documents. Nous avons aussi eu de longues discussions en ce qui concerne le travail qui a été accompli par chacun des chapitres dans la production de répertoires collectifs locaux. On a déployé d'importantes ressources pour les produire. Est-ce que ces activités continueront d'être aussi importantes étant donné que les bibliothèques participent à SERHOLD et DOCLINE? Les mécanismes permanents de mise à jour des données dans SERHOLD sont des questions que l'ICIST et le Groupe de travail sont en train d'étudier. Le rôle qu'un répertoire d'une bibliothèque de santé peut jouer dans leur amélioration a également été abordé. Les coûts de chacun de ces projets sont importants. Est-ce qu'il existe des moyens de mettre en commun nos ressources à l'échelle nationale pour créer les outils dont nos membres ont besoin? Le GTPR va continuer d'explorer ces avenues.

Pendant la deuxième journée, le personnel de la Bibliothèque nationale du Canada s'est joint au GTPR. On a discuté du projet de catalogue collectif virtuel. Le personnel de la BNC n'était pas au courant des efforts consacrés par les chapitres aux répertoires collectifs. Il a été reconnu que les bibliothèques de sciences de la santé oeuvrent dans un secteur et dans un modèle géographique. Ceci doit être pris en considération lorsque l'on procèdera à la conception des catalogues virtuels. Nous avons également discuté des ressources de soins de santé éparpillées et uniques qui pourraient être exclues des catalogues régionaux si les petites bibliothèques de santé n'en font pas partie. Le Groupe de travail a été invité à participer aux activités en cours. Patrick Ellis participera au forum sur le partage des ressources de la CLA. Le Groupe de

travail poursuit son travail avec des amis du chapitre et est en train de préparer une partie du Congrès 1996 de l'ABSC/CHLA.

Alors qu'il était à Ottawa, le Conseil a rencontré l'ICIST et le directeur général de la *Canadian Libraries Association*. J'en suis venue à comprendre qu'en ces temps où les ressources sont limitées, il est important que nous collaborions avec nos collègues pour faire un meilleur usage de nos ressources. Nous avons discuté de secteurs d'intérêt commun tels que les répertoires collectifs, les droits d'auteur, la défense de nos intérêts, le Forum national sur la santé et la formation des bibliothécaires professionnels. Je vais veiller à ce que les contacts que nous avons faits continuent de se développer et de susciter de nouvelles retombées.

Nous avons discuté d'orientations stratégiques tant de l'ICIST que de l'ABSC/CHLA de même que de possibilités d'approfondir la collaboration. J'ai soulevé plusieurs questions devant le sous-comité sur l'information en sciences de la santé qui s'est réuni deux jours après la réunion du Conseil. Vous pourrez trouver dans ce numéro un compte rendu de cette réunion préparé par Linda Wilcox, qui est l'autre représentante de l'ABSC/CHLA au sein du sous-comité.

J'ai récemment participé à une réunion publique du Forum national sur la santé. L'objectif était de remplir en groupe le questionnaire. Il y avait bon nombre de références au terme «information» dans la documentation accompagnant ce forum mais on n'y retrouvait à nulle part le mot «bibliothèque». J'encourage tout le monde à assister à ces réunions publiques. Elles sont enrichissantes et offrent la possibilité d'échanger en ce qui a trait au rôle que les bibliothèques peuvent jouer dans la réduction des coûts tout en améliorant la prestation des soins. Pour y assister, il suffit de composer le numéro inscrit dans leur site du web et d'ainsi obtenir les renseignements sur les réunions dans votre région. Pour faire croître des jeunes plants, il est important de recourir aux éléments qui peuvent alimenter votre jardin tels que des débats sur la façon d'améliorer les soins de santé. Je crois que les bibliothèques comptent toujours parmi les secrets les mieux gardés pour améliorer la santé de ce pays.

Seul un chapitre de l'ABSC/CHLA a participé à la vidéoconférence de la MLA sur l'accréditation qui a été transmise par satellite. Toutefois, il est possible d'emprunter des bandes à plusieurs bureaux régionaux du réseau national ou des bibliothèques de médecine. Un questionnaire Listserv origine de cette vidéoconférence. Pour vous abonner, faites parvenir un message à majordomo@mlahq.org. On doit lire - subscribe MLA-Satellite - dans le corps du message sans aucune vedette-matière. Janette Hatton, notre représentante au CCASS travaille à mettre sur pied une base de données centrale relative aux activités d'accréditation des établissements canadiens.

En juin prochain, nous célébrerons notre 20^e anniversaire en tant qu'association. Vous pourrez célébrer cet événement en assistant au Congrès qui aura lieu à Toronto du 12 au 17 juin. Nous avons constaté une diminution du nombre de nos membres. Je vous encourage à vérifier auprès de vos collègues s'ils sont membres de l'ABSC/CHLA. S'ils ne le sont pas, peut-être pouvez-vous leur donner les raisons qui vous motivent à faire partie de notre asso-

ciation et les encourager à le faire. Si le nombre de nos membres demeure élevé, nous pourrions maintenir les frais d'adhésion à un bas niveau. Tous les membres des conseils d'administration des chapitres doivent être membres de l'ABSC/CHLA. Certains chapitres ont pris la décision de payer les frais de l'ABSC/CHLA des membres du Conseil d'administration en reconnaissance du temps qu'ils consacrent à l'organisme.

Les liens qui se développent avec d'autres organismes nationaux, la joie entourant le Congrès liens créateurs et l'adhésion de nouvelles bibliothèques à DOCLINE sont à mon avis des signes de l'arrivée du printemps. J'ai bien hâte de mettre la main dans la terre et de contribuer à leur épanouissement. Quels sont les signes de l'arrivée du printemps dans votre coin de pays? ■

CCHSA Standards and the Accreditation Process from an Information Services Perspective

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Part I. Introduction to the New Canadian Council on Health Services Accreditation Standards

Health services organisations across Canada are engaged in a new accreditation process which the Canadian Council on Health Services Accreditation (CCHSA) has been introducing since 1995. The purpose of this article is to serve as a brief introduction to the new standards and survey process from an information services perspective, and to provide a list of resources for further information about CCHSA accreditation.

An Overview of the Client-Centred Accreditation Program

How have the standards and the accreditation process changed? In very general terms, the new CCHSA standards and survey methodology have shifted from a "departmental and paper" focus to a "patient and process" focus. This means that health service organisations must be able to demonstrate that they keep patient needs at the centre of their vision and work. Teams of workers who carry out similar processes must be able to demonstrate that they work cooperatively, both within the organisation and with external agencies, to achieve excellence in patient care. These teams must also demonstrate their extensive use of the continuous improvement process in all of their endeavours.

Accreditation Teams

The CCHSA Standards for all health service providers are structured around three types of teams: patient care teams, support teams, and leadership teams. Patient care teams include those groups involved with direct care provision. Support teams are those groups who support the environmental, information, and personnel infrastructure. The leadership and partnerships teams set strategic direction. The specific composition of these teams will vary from organisation to organisation, but in all cases membership should include representatives from all levels of staff. The complement of teams assessed in acute care organisations is listed in Table 1.

Library services are included with the Information Management support team. Other members of the Information Management team may include representatives from: informatics, finance, health records, registration/admitting.

The CCHSA encourages teams to seek input from members inside or outside the organisation on an ad hoc basis to assist teams with their self-assessments. For example, a representative from library services might be a regular or contributing member on patient care teams or on the Human Resources Development and Management Team. This process helps to keep team sizes manage-

able, while at the same time contributing to increased communication and collaboration in completing the accreditation documentation.

Table 1.
Accreditation Teams for Acute Care Organisations

Client/Patient Care Teams:

- Ambulatory Care
- Emergency/Trauma Care
- Continuing Care & Specialised Geriatrics
- Maternal/Child Care
- Medical Care
- Mental Health Care
- Cancer Patient Care
- Specialised/Intensive Care
- Surgical Care
- Other (Generic Group)

Support Teams:

- Information Management
- Human Resources Development and Management
- Environmental Management

Leadership Teams:

- Governance
- Management

Information Management Standards

There are twelve standards for Information Management in the Acute Care Standards. They are presented here in abridged form and should be consulted in full in the standards document. The first six standards focus on the key processes of information management:

1. identify information needs throughout the organisation
2. respond to client needs
3. ensure security and confidentiality
4. transmit data and information
5. provide data and information in print or electronic format
6. aggregate clinical and administrative data.

The other six standards focus on the continuous improvement process:

7. monitor and improve the quality of information management
8. identify indicators of quality
9. select processes in order of priority for evaluation and improvement
10. undertake activities to improve selected processes
11. communicate results of quality improvement activities
12. monitor improvements on an ongoing basis.

The Accreditation Process

The accreditation process includes preparation of an accreditation action plan, staff education about the standards, development of teams, assessment of standards compliance by each team (each team collaboratively completes one set of standards), preparation of a written narrative by each team, a survey, and follow-up. During the survey process there is increased involvement of front line staff and patients. The surveyors will tour areas where care is provided, interview patients, review health records, and may request to see other areas of the organisation and/or supporting documentation.

Resources for More Information

CCHSA Personnel

Cynthia Milito is Senior Director, Communication, Marketing and Education at the CCHSA. Anne-Marie Lafleche is Director of Marketing and Communication. Both will assist you with your inquiries about accreditation and may be reached at the following address:

Canadian Council on Health Services Accreditation
1730 St. Laurent Blvd. Ste. 430
Ottawa, Ontario Canada K1G 5L1

The General Inquiries telephone number at CCHSA is (613) 738-3800. The French Services telephone number is (613) 738-3808. The fax number is (613) 738-3755.

CCHSA Publications

The Canadian Council on Health Services Accreditation sells documents which support the accreditation process. Their publication and price list is available by contacting the CCHSA at the numbers given above.

As of April 1, 1996 the standards in use for the Client-centred Accreditation Program are:

- Acute Care Standards 1995
- Standards for Long Term/Continuing Care Organisations 1996
- Cancer Treatment Centres 1995
- Standards for Community Health Services 1996
- Standards for Comprehensive Health Services 1997 (Third Draft)
- Proposed Standards for Rehabilitation Organisations 1997
- Proposed Standards for Mental Health Organisations 1997
- Profile and Planning Guide - For Standards for Comprehensive Health Services 1997 (Third Draft)

The CCHSA has recently published a new companion document titled *Quality Improvement and the Client-Centred Accreditation Program*. Another companion document, *A Practical Guide to Preparing for Accreditation*, will go to press at the end of April. This publication will draw on the experiences of the first six months of accreditation with the new standards and survey process. It will include information about how to plan and prepare for the accreditation survey, how to form and work in teams, how to conduct a self-assessment, and how to conduct the survey visit. The CCHSA also sells a video called *Managing Quality Care: A Client-Centred Approach to Accreditation*. It is a twenty-minute introduction about the new accreditation approach, and is especially informative

for staff and board members who are unfamiliar with the accreditation process.

CCHSA Education Sessions

The CCHSA encourages partnership between the organisation and the survey team when preparing for accreditation. In support of this goal the CCHSA offers educational services to all organisations. Programme content is defined in cooperation with the organisation and is offered on a cost recovery basis.

CHLA/ABSC Standards

Standards for Library & Information Services in Canadian Healthcare Facilities, published by the Canadian Health Libraries Association/Association des bibliothèques de la santé du Canada, were revised during the time that the new CCHSA standards were being finalised. They have been written to be used in concert with the CCHSA documents. Part eight of the CHLA/ABSC standards is called "Key to CCHSA Standards." This section links the CHLA/ABSC standards to the Information Management, Human Resources Development and Management, and Environmental Management sections of the CCHSA Acute Care Standards.

Orders for the *Standards for Library & Information Services in Canadian Healthcare Facilities* can be sent to:

CHLA/ABSC
P.O. Box 94038
3332 Yonge Street
Toronto, Ontario M4N 3R1.

The cost is \$30.00 for CHLA/ABSC members and \$35.00 for nonmembers. Orders must be prepaid in Canadian funds.

CHLA/ABSC-CCHSA Liaisons

Janette Hatton, of the Hamilton Civic Hospitals, and Jessie McGowan, of the Ottawa General Hospital, are the CHLA/ABSC representatives to the National Health Organizations Forum, which maintains a link to the CCHSA and its work. Janette Hatton will present an accreditation update on June 15 at the 1996 CHLA/ABSC annual conference. She is also in the process of conducting a survey of library personnel whose organisations were accredited in 1995 using the new CCHSA standards and accreditation process and will be sharing some of the information she collects. Janette and Jessie are pleased to receive your views and questions about accreditation.

The next part of this paper describes a hospital librarian's experiences of the accreditation process.

Part II. The Library's Role in Accreditation Using the New Canadian Council on Health Services Accreditation Standards

Health service organisations across Canada are engaged in a new accreditation process which the Canadian Council on Health Services Accreditation (CCHSA) has been introducing since 1995. The purpose of this section of the article is to contribute to the health information community's dialogue about the standards. It will summarise the Information Management Team's accreditation process at the Belleville General Hospital and will offer suggestions for action for the providers of knowledge-based information.

Summary of the BGH Information Management Team's Accreditation Process

The Belleville General Hospital (BGH), a medium size community hospital, was surveyed in May 1995. In preparation for the survey the BGH followed a planning model that was suggested by the CCHSA.

BGH Accreditation Committee

The CCHSA presented an accreditation information workshop in November of 1994. Following the workshop an Accreditation Committee was established for the purpose of coordinating the accreditation process. The committee developed an accreditation action plan for the organisation which incorporated education sessions, timelines for teams, and communication objectives. Communication vehicles included three issues of a newsletter which were distributed to all staff to help educate them about the new process and inform them of progress.

Members of the Accreditation Committee were: one liaison from each patient care team, support team and leadership team, the Assistant Executive Director, the Chief of Medical Staff, the Director of Educational Services, and the Continuous Improvement Coordinator. The role of each team liaison was to facilitate communication between the Accreditation Committee and their team, determine the educational needs of their team, assist the team with the tasks of completing their documentation and preparing for the survey, and to assist team members in their communication with all staff.

BGH Information Management Team

The BGH Accreditation Committee recommended use of an existing committee as the core of the Information Management Team. Two groups, the Management Information Systems Steering Committee, and Records Management Committee, were considered. The Records Management Committee was selected. Several members from other information services areas (such as the library) were added in order to broaden representation on the team. In total the Information Management Team was comprised of fourteen members, including line staff, representing the following areas: Diagnostic/Clinical Services, Administration, Financial Services, Health Records, Home Care Program, Information Systems, Library, Medical Staff, Nursing, Patient Registration.

Discussing the Standards

The Information Management team met nine times for discussion of the standards, preparation of the document, and preparation for the mock interview and survey interview. Each member was provided with a set of the Information Management standards and a Glossary of Terms which is available from the CCHSA. A summary of the Information Management standards is included in Part I of this article.

Table 2 summarises the content of the Information Management Team's meetings. The first two meetings were spent discussing the new standards, the new accreditation approach, and planning a timeline for the team's work. At the beginning of the process team members grappled with the language of the standards. This will

probably be a common process for most teams and individuals working with the standards for the first time.

Two teams volunteered to draft the written documents required by the CCHSA—the supporting narrative and the standards narrative. The supporting narrative provides background information about composition, role and functioning of the team. The standards narrative describes the team's areas of standards compliance, including identified strengths, indicators used to monitor performance, and areas for improvement.

Table 2. Outline of BGH Information Management Team Meetings

- | | |
|------------|--|
| Meeting 1. | Discussed CCHSA accreditation guidelines and philosophy. Discussed membership of the Records Management Committee and who should be added to create the IM Team. Selected team recorder. |
| Meeting 2. | Team liaison conveyed planning information (timelines, etc.) from the Accreditation Committee. Each member was asked to review the standards line by line and bring examples for as many items as possible for the next meeting. |
| Meeting 3. | Worked on standards 1 and 2. |
| Meeting 4. | Worked on standards 1-9. Discussed the need to show congruence of our examples with the intent of the hospital mission statement; focus on key words and ideas from the mission and vision statements. |
| Meeting 5. | Worked on standards 10-12; discussed compliance for the standards. Assigned a team of two to draft the text of the supporting narrative. Assigned a team of two to draft standards narrative for the 12 standards. |
| Meeting 6. | Discussed the draft standards and supporting narrative. |
| Meeting 7. | Reviewed a revised version of the supporting narrative and standards narrative. |
| Meeting 8. | Reviewed and approved final version of the narrative and standards. Reviewed compliance. Compiled a portfolio of continuous improvement plans, newsletters, and reports which reflected our work. |
| Meeting 9. | Prepared for the mock interview. |

Preparing for the Survey Interview

To prepare for the survey interview the team was required to participate in a mock interview, which was conducted by two members of the hospital's Accreditation Committee. A ground rule for the mock interview was that all team members were expected to contribute to the dialogue. The questions used for our team's mock interview are listed in Table 3.

Questions were not addressed specifically to any individual member, but to the entire group. Often a member with the most experience around the question's subject answered first. Other members then supplemented the answer by adding information which the first person might have missed or answering from another perspective.

Each person brought with them a very brief checklist of points they wanted the surveyors to hear, and checked them off as they were covered during the interview. We designated a team member to "break the ice" and lead the answer for the first question from the surveyors. The mock interview took approximately 90 minutes, as did the survey interview.

Table 3. Mock Interview Questions for the Information Management Team

- How was your team formed?
- Do you have customers on your committee?
- What is this team's definition of "customer focus"?
- What processes are in place for identifying customer needs?
- What process is used to resolve competing interests in an organisation of this size, as it relates to information management?
- How was your information management plan developed and how has it been communicated?
- How have you educated customers about the strategic plan for information management?
- How do you evaluate that education?
- How do you identify physicians' information needs?
- How are your processes for responding to identified client needs consistent with the values, mission and vision of the organisation?
- What are the processes by which external requisitions for information are handled?
- How do you handle issues of confidentiality?
- What have you done in the area of centralised record-keeping since the previous accreditation?
- Upon admission or discharge, how do you share information with other agencies interacting with that patient?
- Is there a multidisciplinary record-keeping programme?
- What processes do you have in place to provide data in print or electronic format, and what concerns might you have about those processes?
- Are you transferring patient care information electronically?
- Have you had any problems with that, and if so, how have you addressed the problems?
- Can you give me examples of how you have been utilising clinical and administrative data?
- How do you provide your patient care areas with data?
- What is your process for ensuring that information standards and guidelines are set and that they are followed?
- How does this team educate itself on information developments and issues?
- How do you inform yourselves about changes in professional standards, changes in legislation that affect you, etc.?
- How do you evaluate the quality of service that you provide?
- How do you prioritise your information management efforts?
- Can you give me examples of some of your continuous improvement projects?
- How do you communicate improvements/changes to staff?

Participating in the Survey Interview

The mock interview was an excellent preparation for the survey interview. Our surveyors covered the spectrum of questions for which we had prepared. They were especially interested in our information-sharing links with area hospitals and other health service agencies. They were also interested in our team's plans for physician and staff education in the use of new information technologies which we are in the process installing. At the end of our interview the surveyors asked if there was anything else we wanted

them to know about the Information Management Team. They also asked if there was anything we wanted to ask or discuss with them.

For the surveyors a tour of the information services areas is optional. The surveyors did not tour the library or ask to see library-related documents, but one surveyor spoke to me after the interview and commented that he had heard excellent things about the library service. The surveyors might ask for samples of your team's record keeping, especially as they relate to areas you have discussed in the standards documents (e.g. indicators reports.)

The Library's Role in the Accreditation Process

CCHSA standards, and the Standards for Library & Information Services in Canadian Healthcare Facilities, published by the CHLA/ABSC in 1995, are standards toward which we should strive all year, every year. The role of the standards and of the accreditation process is weakened if the standards are not brought to life in our organisations, but are only pulled off the shelf once every few years.

The following are suggestions for action from the library and information service perspective:

- Take a proactive, participative approach.
- Become familiar with the CCHSA standards for your organisation as soon as possible.
- Obtain and house in the library the CCHSA documentation and resources for your organisation.
- Do a self-assessment using the mock interview questions. You might find it easiest to work with them first from a "library/departmental" perspective, and then expand your view.
- Network with others who will be involved in planning for accreditation.
- Use the information now to evaluate and develop your processes--don't wait for accreditation or for prompting from other groups within your organisation.
- Start networking, or expand your networking efforts, with the other information management groups inside and outside your organisation.
- Develop and use your teamworking skills.
- Build the library collection in the areas of teamwork, continuous improvement, customer service, communication and facilitation, and be proactive in promoting these materials.
- Obtain and begin work with the CHLA/ABSC standards as soon as possible.
- Involve customers in all aspects of your continuous improvement processes.
- Contribute to the development of terms of reference for the Information Management Team.

Challenges and Opportunities

The challenge for health information professionals in the mid-1990s is to actively demonstrate that our information services are pertinent to the changing needs of our client groups. We know that we have distinctive competencies in the area of health information

selection, organisation, and provision. We know that we are specialists in assessing and navigating new information delivery technologies. However, knowledge of our own capabilities is not enough to warrant our employment in this economic climate. Constructive, client-focused action with positive, measurable out-

comes probably is. Take this opportunity to reach out to new groups of clients in ways that are creative and meaningful. Take this opportunity to have the library included in the "critical path" of all hospital teams' work. The time could not be better for these opportunities to be seized. ■

Acknowledgement

The author would like to thank Cynthia Milito, Senior Director, Communication, Marketing and Education at the CCHSA, for her contributions to the content of Part I of this article.

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Expanding Outreach Services in the Maritimes

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Most, if not all, health science libraries are experiencing dramatic organisational and technological changes. Though financial constraints and personnel freezes are today's reality, there is an unrelenting demand for more services from all user groups. Despite these constraints the W.K. Kellogg Health Sciences Library has maintained or increased access to all user groups including outreach or off-campus users. The foremost need of library users is access. Library users want more access to the collection, more access to electronic information from more locations, more access to information through document delivery channels and more educational instruction sessions. This demand for access is a reflection of the increased interest, among many healthcare professionals, to acquire or maintain lifelong learning skills. The Kellogg Library has made significant changes to policy and library services to meet these emerging needs and will continue to do so.

Introduction

Blaine MacQuarrie is a healthcare professional at the Inverness Consolidated Memorial Hospital in Inverness, Cape Breton. Inverness is a small community on the Western shore of Cape Breton Island, Nova Scotia. There is no library at the hospital nor is there a full-service public library within an eighty-kilometre radius. However, Mr. MacQuarrie's need for the most up-to-date information is the same as it is for his counterparts in major urban centres. His situation is not uncommon and can be found in many areas of the Maritimes. There is a total of 1,830,000 people in Nova Scotia, New Brunswick and Prince Edward Island and over 50 per cent live in rural areas.(1)

The W.K. Kellogg Health Sciences Library at Dalhousie University in Halifax, Nova Scotia is the main library for faculty, staff and students in the faculties of Medicine, Dentistry and Health Professions. The Faculty of Health Professions includes programmes in Health Services Administration, Human Communication Disorders, Nursing, Occupational Therapy, Pharmacy, Physiotherapy, Social Work, and Recreation, Physical and Health Education. The library houses 165,562 volumes and subscribes to 2,106 journals. What distinguishes the Kellogg Library from many of the other academic health science libraries in Canada is its regional mandate. Included in its mandate

is the specific provision to serve the information needs of practising health professions in the Maritime Provinces by providing "expert and innovative access to information and world's knowledge to a wide range of users within and outside the University."

Document Delivery

Health professionals in the Maritime region can request articles, books and audiovisuals from the Kellogg collection either directly or through their hospital library. In 1994/95 the Library's Document Delivery Department sent out 7,127 items to Maritime healthcare professionals and health libraries.

Since the Kellogg opened its doors in 1967 the options have increased dramatically for requesting an item from the Kellogg collection. Where once you could only request by mail or telephone the Kellogg now accepts requests by fax, electronic mail, over the Internet, or via Loansome Doc and will soon include the World Wide Web. The same is true for delivery. Delivery methods now include Ariel, facsimile, mail or courier. The need for speed in delivery, although not crucial in each case, is recognised by the document delivery staff. The item is sent out immediately upon receipt if specified or within our normal turn-around-time of twenty-four hours.

Until September 1995, if the item was not held by the Kellogg Library the request was cancelled and a notice sent to the health professional. Realising this was leaving a gap between what was available somewhere in the library community and what working health professionals could access, the Kellogg introduced a new service called Extended Service. For a small additional fee document delivery staff at the Kellogg will locate and obtain the needed

article and forward it to the health professional. Extended Service is particularly valuable to our rural health professionals as most libraries provide only interlibrary loan service to libraries and not to individuals.

The Kellogg Library has been, in recent years, encouraging its regional health professionals to do their own literature searches using Grateful Med, a software package introduced by the National Library of Medicine. With version 6.0 the end user can order articles using Grateful Med's ordering feature, Loansome Doc. Health professionals register with the Kellogg, which then be-

Library users want more access to the collection, more access to electronic information from more locations, more access to information through document delivery channels and more educational instruction sessions.

comes their "ordering library". Users are given the option of having their request filled from only the Kellogg or, if not held by the Kellogg, transferring the request to DOCLINE. From there it will be filled by one of the libraries in Kellogg's routing tables.

Reference Services

In addition to its Regional Loan Service, the Library staff offers a Regional Reference Service whereby healthcare professionals can contact the library for assistance. Like the Document Delivery Department, the Kellogg Public Services Department will receive questions, instruction bookings and search requests by telephone (including a toll-free line for long-distance calls), by fax, by electronic mail, in person and via the Kellogg home page. The most common form of communication remains direct service at the Library's Reference Desk. In 1994/95 off-campus users accounted for 15% of CD-ROM usage and approximately 14% of all reference questions answered. It is the on-duty reference librarian who fields most of these queries.

It is recognised by the Kellogg that each health professional may not have the time to devote to acquiring the skills to search health databases effectively and efficiently. As well, many healthcare professionals occasionally require in-depth assistance on one specific topic or research project. The Kellogg Library provides individual instruction to those who request this service. The professional need only contact the reference office to receive a one-on-one consultation from the subject specialist in their area.

A second reference service that many professionals utilise is mediated literature searching. Reference librarians skilled in searching health databases conducted 233 literature searches for members of almost every health profession as well as for residents and students on work-terms. In the past, the Medical Society of Nova Scotia funded a special project for a limited time called the Medical Information Service (MIS). A toll-free number was established enabling physicians, within Nova Scotia, to phone and request searches which the Kellogg librarians would then complete and mail. Included in the mailing were the search results and selected articles. While many of the subsidised searches were requested by a small subset of doctors, this service enabled physicians who did not have access to database information to keep current in their field of interest. Unfortunately the funding for this service was discontinued before the programme could reach its full potential.

Regional Health Professions Education Services

The Kellogg Library offers formal sessions, available to healthcare professionals, in database search and retrieval, Grateful Med, current awareness tools and the Internet. As well, Kellogg subject specialists frequently provide one-on-one tutoring in any of our service areas, especially if the regular tutorial times are not con-

venient for the professional. A physician recently spent an afternoon at the Kellogg Library learning about document delivery services, Grateful Med and the Internet. He estimated that the loss in revenue of closing his specialised practice for one day was minimal compared to the knowledge that was gained. Since his visit, he has purchased Grateful Med, become a Loansome Doc subscriber, subscribed to the Reveal service offered by Carl Uncover, and is now comfortably using the Internet for information retrieval purposes. While this personal service may seem excessive, experience shows that this translates into less time spent at a later date by another library staff member and probably a higher level of care for the patients of this professional.

The library's participation in these continuing medical education sessions is beneficial to both parties. Librarians remain aware of what the physicians are learning and what their future needs may be. In turn, the physicians learn about the services offered by the library.

Kellogg librarians are involved with a series of workshops offered by the Medical Society of Nova Scotia and presented by the Dalhousie Continuing Medical Education department. A number of ongoing sessions on various continuing medical education topics are presented. A Kellogg librarian instructs the component on CD-ROM and on-line information retrieval skills. As well, remote location tutorials on Grateful Med have been done in various regions in Nova Scotia. The Library's participation in these continuing medical education

sessions is beneficial to both parties. Librarians remain aware of what the physicians are learning and what their future needs may be. In turn, the physicians learn about the services offered by the library. Participants leave these sessions with hands-on practical experience, information handouts and the name of a resource person to contact if needed.

Distance Education Services

The Kellogg Library recently teamed with the PEPP (Perinatal Education Partnership Project) programme to teach Internet skills to nurses on Cape Breton Island. The Perinatal Education Partnership Project is a programme offered via distance education and the

Internet skills component was offered via an audio conference. Participants were positive about how the programme was delivered and felt they learned valuable skills that would not have been readily available otherwise. Requirements for instructing in this manner include time to prepare handouts, two speaker phones, the funds to pay for the

telephone call and a computer at both locations with a full Internet connection.

Convincing faculty members, involved in distance education projects, that students require some form of bibliographic instruction is often a struggle. Recently there has been a slow shift in philosophy. Kellogg's nursing subject specialist, Dr. William Owen, has been active in convincing distance education members to attend sessions at the Kellogg on information retrieval. The Kellogg Library has hosted distance students from St. Francis Xavier University in Antigonish Nova Scotia, Dalhousie Master

Convincing faculty members, involved in distance education projects, that students require some form of bibliographic instruction is often a struggle.

of Nursing students from as far away as New Brunswick, and students from the Dalhousie Outpost Nursing programme practising from Sioux Lookout, Ontario, to Baffin Island, Northwest Territories. The feedback on these library sessions is very positive. The sessions alleviate, to a great extent, the feelings of isolation which accompany a posting so far away from information sources.

Marketing Initiatives

With healthcare reform evolving in the region, the Kellogg felt it was timely to inform its clients of its new services, and remind them about our established services. During the summer of 1995 the library produced and sent out brochures detailing the individual and joint service offerings of the Reference and Document Delivery departments. The brochure provided information on sessions that could assist professionals in patient care and how to receive continuing education in search and retrieval skills including new technologies such as the Internet. Included in the brochure was a document delivery form that health professionals could photocopy and use to request items from the collection or request our Extended Service.

To increase access and inform the general populous of our services the Kellogg Library home page was developed. Initially, the page was a summary of useful sites healthcare professionals may want to visit. Later a copy of *Kellogg Library News*, the Library's newsletter was incorporated into the page. This gives reference hours, contact numbers and other library information. While useful to on-campus users its greatest future benefit may be to those off campus.

Future Projects

The Kellogg Library is a very dynamic institution and strives to adapt to changing trends. There are many changes, especially electronic, which will be initiated throughout the summer and fall of 1996. The most significant change for outreach purposes is the purchase of a unix server by Dalhousie University Libraries. The unix server will provide TCP/IP access to selected databases from remote sites. Initially this service will be available only to Dalhousie affiliated individuals including Dalhousie distance education students. Potentially, healthcare workers in hospitals and

clinics will be able to search such databases as MEDLINE from their home or offices.

The Dalhousie University Libraries also purchased a World Wide Web server that will house the Dalhousie Libraries' home page, of which the Kellogg's home page will be a subset. In the future we hope that users will be able to submit document delivery requests, reference queries, and literature search requests using the home page. The home page will serve as an information site for anyone wanting Kellogg's policies, information on instruction sessions, database searching tips as well as information on other libraries at Dalhousie. Both the unix server and the home page are seen as viable methods of providing information to interested healthcare professionals regardless of where they are located or what type of a computer they are using.

The Kellogg Library will also be involved in a joint project with the School of Nursing, Master of Nursing programme. This programme is offered via distance education, and the Kellogg will be one of the first academic health science libraries to form a formal partnership with a distance education programme in Canada. We hope to combine traditional learning materials, like a resource manual, with new technologies available via the Internet to instruct distance education students on search and retrieval and lifelong learning skills.

With each of these ongoing programmes and changes the Kellogg is well positioned to embrace new technology and increase access to all user groups. However, in the future, many challenges face the Kellogg library. Coping with continual change and budget restraints which will lead to a smaller onsite collection and fewer staff are among the most pressing. Thus, developing and maintaining strong partnerships with regional health-related libraries is essential. The current initiative underway among Nova Scotia Health Libraries to establish a Nova Scotia Health Libraries Information Consortium is a first step. Working together should allow the Kellogg to continue to serve and indeed improve our services to the region. ■

Reference

1. Law, Barbara, ed. 1996 *Corpus Almanac and Canadian Sourcebook*. Ontario: Southam Inc., 1995: 17-181, 17-269, 17-395.

Authors

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The Outreach Library Programme of the Ottawa Civic Hospital

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The Regional Library Service of the Ottawa Civic Hospital has been in operation since 1984. The Civic Hospital is a 700-bed tertiary care hospital associated with the University of Ottawa. In our outreach programme, we are presently serving eleven institutions within a radius of 160 kilometres of Ottawa. The institutions served range from a community health centre to a 267-bed hospital. Like the hospitals that serve them, the towns vary in size and primary occupation. The largest is a city of light industry (pop. 46,000). The smallest are agriculture and/or bedroom communities (smallest pop. 4,000).

The programme began in 1984 with a pilot project funded by a grant from the Civic's Medical Education committee (1); recipients were to pay for the service after a "free" demonstration year. The first hospital to receive this pilot project was a 52-bed hospital, with 26 of these devoted to chronic care. They received two full-day visits per month for a year plus four hours at the Civic for literature searches and document preparation. The service included searches, articles and loan of books. The existing library collection was updated; the hospital being served bore this expense. At the end of the year, when the time came to sign a contract for the service for the coming year, they decided not to contract for the service. They felt that they could not afford it.

After this initial disappointment, we tried again. The grant was renewed for another year but this second year we split the free service between two hospitals; giving each of them one-half day of service twice a month plus four hours each at the Civic. At the end of the year both signed contracts for the following year. Over the next three years four more hospitals were given one-year free service. All of them eventually contracted for the service. In the meantime, a hospital that had not been given the free demonstration year signed a contract for the service. With seven client hospitals paying for the service the free demonstration year was discontinued. It had served its purpose. We had a successful operation that would sell itself. Every hospital that originally contracted for the service renewed each year.

At present, with eleven institutions receiving the service, the programme is operated by one professional librarian and one library technician. The librarian devotes twelve days per month to this, and the technician four days per month. No two hospitals are handled exactly the same way; each one has a programme designed especially for its needs. One hospital receives visits twice a month, six receive visits once a month, one receives two visits a year and the remaining three are not visited on a regular basis but have all

their work done at the Civic library. Those that receive regular visits have a block of time devoted to them at the Civic library as well.

The cost of the service is paid by the client hospital on a yearly contract basis. The charge includes the librarians' salaries for hours of service, plus an administrative fee to cover computer searches, current awareness services, photocopies and loan of books. If we must obtain documents via interlibrary loan then that charge is passed along to the client hospital as an extra charge. Courier charges and travel are extra charges, as well, that are borne by the client hospital.

Each hospital provides a liaison person to facilitate communication between the client hospital and the librarian. This person also provides access to the librarian between visits and, in most cases, maintains an onsite collection. The person is from the health records department in most cases, but in others from staff development, or administration.

Annual reports are given to each of the client hospitals. These have provided an interesting history and documentation of the use of the service. While physicians and nurses are major users, a number of hospital departments

keep us very busy as well. The most active ones are physiotherapy, dietary, and administration.

Most of the documents delivered are selected from the various current awareness services. The rest are those chosen from literature searches. When responding to a request for a search we usually include one or two good articles along with the search when we send the package to the requester. Sometimes it is all that is needed. The total number of documents delivered last year was 4,404. In order to provide this we rely heavily on our support services (i.e. ILL, reference, and photocopy services) to do our job.

Over the eleven years that this service has been in operation it has been constantly changing. New technologies such as Fax and CD-ROM have had the most profound effect on the method of delivery. Having MEDLINE on CD-ROM made us less inclined to do searches online. This meant that more time was required back at home base to perform these searches. With the availability of Fax machines it was easy and inexpensive to deliver the more urgent material. Personal contact is important in the first couple of years of service, but once the possibilities of service have been explained and understood things seem to work just as well with fewer visits. Most of the work that needs to be done in establishing a basic collection in the client hospital is done in the first two years. After the initial weeding and planning is done the maintenance

New technologies such as Fax and CD-ROM have had the most profound effect on the method of delivery. Having MEDLINE on CD-ROM made us less inclined to do searches online. This meant that more time was required back at home base to perform these searches.

does not require as much time. In addition to this, the demand for information usually increases substantially after the introductory year. This can usually be done more efficiently at the Civic.

We are providing service to two hospitals that do not receive any visits. Both have someone within the institution who looks after the library and we just provide searches, articles, loan of books and current awareness updates. We also provide the same kind of service to a community health centre. We have one hospital that, because of distance, only receives two visits per year. For an effective operation, in these cases where we do not visit the institutions regularly, it is essential that the local contact person promote the service and take a serious interest in the maintenance of the library collection. This is much more difficult to achieve than it sounds.

As has been shown in the profiles of the hospitals the service is

used by a wide variety of health care professionals: physicians, nurses, allied health and administrative personnel. From specific patient problems and updates on treatments or procedures to continuing education courses and journal club information, we are constantly challenged to explore new fields.

In summary, the Regional Library Service offered by the Health Sciences Library of the Ottawa Civic Hospital offers a valuable resource for biomedical information to the underserved areas in the region. With ten client hospitals and one community health centre we have identified some of those needs and, over the eleven years that the service has been in operation, have tried to meet those needs in the most efficient way possible. As times have changed, the service has changed. It is constantly adapting to the needs of the institutions served.

Profile of Hospitals

Hospital	Total Beds	Level of Service	Years of Service	Searches per Year	Documents Delivered per Year	Services Most Used By
A	71	2 visits / mth 210 hrs / yr	10	65	668	physicians, physiotherapists, staff development
B	396	1 visit / mth 165 hrs / yr	10	113	582	nurses, physicians, pharmacists
C	77	1 visit / mth 135 hrs / yr	2	110	803	nurses, administrators, dialysis team
D	132	1 visit / mth 126 hrs / yr	5	60	364	physicians, nurses, dietitians
E	70	1 visit / mth 126 hrs / yr	1	62	212	physicians, physiotherapists, staff development
F	124	2 visits / mth 144 hrs / yr	1	26	159	physicians, dietitians, physiotherapists
G	95	no visits 90 hrs / yr	9	20	361	physicians, pharmacists, nurses
H	52	1 visit / mth 90 hrs / yr	6	30	459	physicians, nurses, infection control
I	26	1 visit / mth 90 hrs / yr	10	30	564	administrators, nursing, allied health
J	51	no visits 45 hrs / yr	8	5	30	physicians, dietitians
K	0 community health centre	no visits 48 hrs / yr	2	22	202	health promoter, physicians, nurse practitioner

Reference

1. Brown, Mabel C. Regional librarian service in the Ottawa Valley: a brief description. *Bibliotheca Medica Canadiana* 1989 ; 10(3) : 133-4.

Further Readings

1. Birkinbine L.A. Outreach: the Western New York Hospital Library Services Program, 1985-1989. *Bull Med Libr Assoc* 1991 ; 79(4) : 388-393.
2. Feuer S. The circuit rider librarian. *Bull Med Libr Assoc* 1977 ; 65(3) : 349-53.
3. Kublin J. A circuit rider librarian program in Nova Scotia. *Dimens Health Serv.* 1988 ; 65(2) : 20-21.

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Northern Outreach Library Service

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Background

The Northern Outreach Program was initiated in 1980 by the seven Health Sciences Faculties of the University of Western Ontario. Each of the seven programmes was represented by a coordinator based at the respective faculties of Nursing, Dentistry, Applied Health Sciences, Communicative Disorders, Medicine, Psychiatry and Epidemiology. The Northern Outreach Library Service was introduced three years later in 1983, with the support of the then Sciences Library, and has evolved closely with the other programmes since that time.

In the past few years the Northern Outreach Program has become a more coordinated endeavour involving not only the Health Sciences Faculties and the Libraries at the University of Western Ontario, but also the School of Nursing at Lakehead University in Thunder Bay and The Centre for Research in Human Development at Laurentian University in Sudbury. The Program is financed by the Ontario Ministry of Health and works in collaboration with underserved area health planners, practitioners and organisations concerned with health human resources. The areas designated to be served are the districts of Ontario, north of and including Parry Sound and Nipissing Districts.

The Northern Outreach Library Service shares the mandate of the Program as a whole, which includes efforts to retain health care practitioners in their northern communities. These efforts include professional support activities such as workshops and teleconferences, individual consultations with practitioners, mentorship programmes, and the services of the Northern Outreach Library Service. The objective of the Library Service is to provide practitioners in northern Ontario with convenient access to health care information, to which they do not have access locally.

Delivery of Services

The availability of library services in hospitals and other health care agencies varies greatly in northern Ontario, with many small facilities lacking both organised collections and library staff. There are many agencies to which accreditation standards do not apply, and also many practitioners in private practice who have limited access to resources. The Northern Outreach Library Service provides a high level of direct service to these individuals.

In larger facilities, hospital library staff and other types of information brokers play an important role in service delivery. Wherever possible services are provided through these intermediaries, which may be the nursing in-service coordinator, the director of educational services, the director of medical records, or in the largest hospitals, the library staff. Approximately 30% of requests are processed in this way. It is hoped that this mechanism streamlines requests and encourages the use of local resources as a first resort, and the Northern Outreach Library Service as a backup for unavailable materials and services.

Marketing and Services Provided

Marketing efforts are informal and unstructured. The Current Awareness service is sent to one contact person in each facility in the disciplines of nursing, occupational therapy, physiotherapy, nutrition, speech pathology and library services. As well, the five Northern Outreach Program discipline-specific Coordinators in the above mentioned areas have been an ongoing vehicle for promoting services. The practitioners of these disciplines are well informed about the Library Service. Promotion to other practitioners, such as psychiatrists, social workers, and physicians is very informal and incidental. Constraints on resources are the main reasons that the availability of the Northern Outreach Library Service is not aggressively promoted.

The services offered by Northern Outreach are traditional for library outreach programmes. During the 1995-96 fiscal year this included 11,389 photocopied articles, 1,306 literature searches, 1,018 reference questions, 699 book and audiovisual loans, and 1,107 current awareness packages in several disciplines. Interlibrary loans are provided for individuals for items not held at the University of Western Ontario. Support for library functions such as locations finding and citation verification is also provided. Turnaround time is three to five days unless a "rush" is requested. Delivery is by courier, facsimile, e-mail or telephone. Services are provided by 1.5 full-time equivalent librarians and 1.75 full-time equivalent assistants. Fees are highly subsidised by the Ministry of Health and have been stable for the last four years. Charges apply to literature searches at \$8.00 per subject, photocopying at \$0.20 per page, and interlibrary loans at \$4.00 per item. Under threats of reduced funding, it is unknown how long the current fee structure will continue.

The Northern Outreach Library Service responds to a broad range of practitioners which includes nurses, psychiatrists, psychometrists, psychologists and a variety of counsellors, occupational and physical therapists, speech pathologists, audiologists, nutritionists and dieticians, physicians, social workers, facility administrators, and library staff.

Collections

The library collections supporting services to this range of practitioners must also be diverse and comprehensive. The Allyn & Betty Taylor Library, and to a lesser extent the collections of the other five University of Western Ontario libraries, are an indispensable resource for the provision of services. The Taylor Library has a collection of approximately 369,000 monographs, bound periodicals, government publications, and audiovisuals, and standing orders for approximately 4,260 periodical and series titles. An extensive reference collection as well as CD-ROM products and networked bibliographic databases provide an invaluable resource.

Conclusion

A successful partnership has been developed between the University of Western Ontario and the Ontario Ministry of Health, which maximises the valuable collections of a large health sciences library. This cost-effective model of sharing provincial resources

has helped to equalise access for remote practitioners and it is hoped will benefit the patient in underserved areas as well.

Statistics

An overview of services provided since 1990 is presented, followed by an annual summary for the past twelve months.

Services - 1990 to 1996: April to March of each year

	1990-91	1991-92	1992-93	1993-94	1994-95	1995-96
Photocopied Articles	11070	10572	11597	12741	11132	11389
Photocopied Pages	70394	74844	78295	87775	78074	78567
Literature Searches	1395	1340	1528	1375	1411	1306
General Reference	833	716	746	899	884	1018
Book Loans	864	926	849	743	633	677
A/V Loans	53	3	40	33	69	22

Statistics Report for All Districts: April 1995 to March 1996

	Articles	Pages	Searches	Gen Refs	Book Loans	AV Loans
Administration	304	229	8106	34	57	0
Communicative Diseases	497	4322	132	27	34	0
Library	69	428	6	9	1	0
Medicine	649	31206	165	472	205	8
Mental Health	975	7086	189	237	141	2
Nursing	1893	11634	327	139	90	4
Nutrition	595	4221	58	19	9	0
Occupational Therapy	555	3786	124	29	38	6
Physical Therapy	1852	13586	99	52	102	2

Author

Sylvia Katzer, MLS, has been with the Northern Outreach Library Services since its inception in 1983. Her previous experience was in public and hospital library settings. A study to analyse the extent to which the library service is meeting practitioner needs is currently being developed with the Northern Outreach Program.

Whither Circuit Librarianship?

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Circuit librarianship draws on the tradition of circuit riding in the fields of ministry, jurisprudence, medicine, and nursing, which dates back to the 12th century. The first circuit librarian programme started in 1973 at the Cleveland Health Sciences Library to provide a full range and continuum of library services to unserved or underserved health care providers. The essence of circuit librarianship is to bring those services to remote health care providers on a regular basis in the person of a professional librarian. The model is thriving as determined by a survey of existing circuit librarian programmes in 1995. The responses to the survey were published as the second edition of the *Directory of Circuit Librarian Programs*, which is intended to promote communication between those searching for dynamic and proven models suitable for outreach situations and those engaged in successful circuit librarianship programmes.

The directory lists twenty-six programmes in Canada and the United States. Eight programmes date from before 1980 and three were started in the 1990s. Two programmes are located in Ontario and one in Nova Scotia. The twenty-three American programmes are located in thirteen states: Delaware, Georgia, Louisiana, Maine, Minnesota, New Jersey, New York [6], North Carolina [4], Ohio, Pennsylvania [2], Tennessee, Texas [2], and Virginia. It was discovered after publication of the directory that active programmes exist in Denmark.(1)

Circuit librarians offer a variety of services with an emphasis on reference and document delivery. Seventeen programmes optimise services by making rounds to personnel at the visited institutions, as is done in clinical librarianship. Twenty-three programmes indicated the availability of special arrangements for patient emergencies that arise between visits. The collective annual statistics for the programmes indicate that more than 26,000 searches were performed and more than 146,000 documents were provided. In keeping with the times, a few programmes reported involvement in telemedicine, Internet, and patient education.

Hospitals, ranging in bed size from 19 to 468, are the most common type of institution served by circuit librarians. Included among the other types of institutions served are: nursing homes, health maintenance organisations, clinics, rehabilitation centres, private businesses, colleges, community and mental health centres, a developmental disabilities residential treatment facility, a hos-

pice, and a home health agency. The number of institutions served by a single circuit librarian programme ranges from two to fifty-four with an average of twelve.

A modest collection can serve as the resource library for a circuit librarian programme. One programme with a collection of 300 monographs and 100 current subscriptions provides services to two hospitals. Of the twenty-five programmes reporting information about the resource collection, eleven rely on hospital libraries, nine on university libraries, four on Area Health Education Center (AHEC) libraries, and one on an Academy of Medicine.

Circuit librarian programmes receive their financial support from grants and payments from the recipient institutions. These costs to the recipients are derived by formulas involving flat fees, actual usage, and number of visits. Six programmes were entirely based on fees from the start, thirteen began with grant funding, and six were initially funded with a combination of both grants and fees. To ease the transition from a grant-funded service to a fee-based one, financial contribution by the visited institutions is recommended even during periods of grant funding. Among the current programmes, only three are solely grant supported with two of those being programmes started since 1994. Ten are funded by a combination of grants and fees and thirteen are supported by fees to the institutions served.

Circuit librarianship combines the convenience of outreach, cost-effectiveness of resource sharing, and collaboration with an expert health information professional. Physicians served by circuit librarians were among those included in the Rochester study about the impact of the hospital library on clinical decision making. For clinical questions, "the study showed that small hospital libraries and circuit librarian programmes, supported by strong interlibrary cooperation and resource sharing, can also respond effectively." (2) Clearly, circuit librarians are making a difference for the health care providers they serve and indirectly, their patients. The establishment of more circuit librarian programmes is suggested until such time as the new technologies realise their expected potential of equalising access to information for all health care providers regardless of location.

Copies of the *Directory of Circuit Librarian Programs* may be obtained by contacting the author at vgp@uic.edu or 217-333-9559 (fax).

References

1. Christensen H, Christensen LN. Sharing resources - circuit librarianship. In: McSean T, van Loo J, Coutinho E, eds. Health information, new possibilities. Dordrecht: Kluwer, 1995:234.
2. Marshall JG. The impact of the hospital library on clinical decision making: the Rochester study. Bull Med Libr Assoc 1992;80:176.

Author

Victoria Pifalo was formerly a circuit librarian at the Delaware Academy of Medicine and the Robert Packer Hospital in Sayre, Pennsylvania. She has written or presented on the subject of circuit librarianship in several venues, including a poster session at the 1994 CHLA/ABSC conference in London Ontario.

Library Outreach for a Health Care Clientele in Colorado

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Introduction

Colorado has experienced dramatic growth in the past thirty-five years. A warm, dry climate, expanding economic base and excellent recreational opportunities have combined to more than double the population from 1960, the seventh largest growth rate among the fifty states. This trend is continuing unabated in the 1990s, with population growth of more than twelve percent from 1990-1995. And with a projected population increase of more than thirty-five percent between 1995 and 2020, the prospects are for continuing growth in the future.

This population increase means expanding demand and employment opportunities in nearly all industries and professions in the state, including those for physicians and other health care personnel. And with this expanding demand for health services comes the need for health care information, especially in rural or underserved areas where library services are limited or not readily available. Library outreach for health care clientele in Colorado, therefore, seems to have a secure future. Health care personnel, whether they reside in remote mountain villages or on the isolated frontier, may electronically access the health information needed to make sound, health decisions for patient care, continuing education and research.

The Outreach Services programme at Denison Memorial Library, University of Colorado Health Sciences Center (UCHSC), has been in existence for just over two years. This paper will give a brief background on Outreach Services at Denison Memorial Library and the circumstances that prompted the creation of this programme. The Colorado AHEC System will also be highlighted for its role in UCHSC's outreach efforts. In addition, the National Library of Medicine (NLM) is mentioned for its assistance in providing ongoing outreach travel grants. These grants make on-site training, demonstrations and exhibiting possible. Finally, we will discuss the challenges of providing outreach services and recommendations for the future.

Background

Denison Memorial Library, at the University of Colorado Health Sciences Center, serves the schools of medicine, dentistry, nursing, pharmacy, graduate studies and University Hospital. The library's collection includes more than 250,000 bound volumes and approximately 1,750 current journal titles. Numerous computerised resources are available in the library. Self-search computer

databases include Micromedex, MEDLINE, CINAHL, AIDSLINE, CancerLit, HEALTH, PsycINFO and Current Contents. The Library has a \$3 million budget, and a staff of forty, including thirteen librarians. Library staff work in a networked, microcomputer-based environment, use the Innovative Interfaces, Inc. integrated library system and a UNIX-based network of Ovid databases. In accordance with our mission statement, we strive:

...to advance education, research, patient care and community service by organising, synthesising and disseminating data, information and knowledge in the health sciences and by fostering information management skills and research in informatics.

Although the Library makes every attempt to meet the information needs of the UCHSC faculty, staff and students, its resources also attract a large number of users who are not affiliated with the campus. Not surprisingly, people turn to libraries such as this when specialised information is needed. In 1993/94, about twenty-five percent of all Denison Memorial Library walk-in users (over 84,000 visitors) were not affiliated with the campus, and the Library loaned about 14,300 items from its collection to other libraries across the country.

In 1993, a Task Force was formed at Denison Library to examine the feasibility of establishing outreach services for the growing number of unaffiliated users. This Task Force, chaired by the Director of Denison Memorial Library, made recommendations to create the position of Information Services Librarian/Outreach Coordinator. By the end of 1993, Denison Library's first Outreach Coordinator was hired. Special funds were secured for the first year, and funding was again available to renew this faculty appointment through 1996, when the position will be up for renewal. However, Denison Library's Director has submitted a proposal to fund Outreach Services in the regular budget, and a decision is forthcoming in June, 1996.

Partnership with the Colorado AHEC System

The Colorado AHEC System is a partnership between the CU-Health Sciences Center and five community-based Area Health Education Centers in Colorado. The programme links CU's academic resources with local educational, clinical and planning resources to provide educational services to students, faculty and health care practitioners throughout the state.

The mission of the Colorado AHEC System is to enhance the supply, distribution, efficiency and effectiveness of health care delivery to rural, minority and underserved populations, with an emphasis on primary care, through educational outreach. Each AHEC is a locally incorporated, community-based, not for profit agency governed by a regional board of directors.

The programme originated in 1977 as part of the U.S. Public Health Service-funded national AHEC programme. Since 1983, the University and the State of Colorado have continued the commitment to address rural health care needs. The AHECs are based in Greeley, Pueblo, Alamosa, Grand Junction and Denver.

The Executive Director of the Colorado AHEC System has supported 35 percent of the Outreach Coordinator's salary through AHEC project grants. AHEC staff recognise the strong connection between health education and access to health information resources. Library outreach services complement the projects already taking place through the Colorado AHEC System.

NLM's Outreach Mission

The National Library of Medicine (NLM) has a broad mandate to collect and organise the literature of the health sciences and to provide information services based on this literature to all American health professionals. This responsibility is laid out in the National Library of Medicine Act of 1956.

In 1987, the Congress encouraged the Library to "develop an outreach programme aimed at the transfer of the latest scientific findings to all health professionals...." An advisory panel on outreach was established by the NLM Board of Regents in 1988. The panel recommended that NLM begin a variety of outreach activities to promote access to information by individual health professionals.

In 1991, the NLM announced the signing of eight five-year contracts with the regional libraries, totalling some \$33 million. The new contracts placed great emphasis on the need for expanded outreach activities on the part of the eight libraries—for training users of Grateful Med, exhibiting at professional meetings, and focusing on underserved areas in each region.

Denison Memorial Library is recognised as a valued member of the Midcontinental Region of the National Network of Libraries of Medicine, headquartered in Omaha, Nebraska, for continued service as the Resource Library for the state of Colorado.

Library Outreach Activities in Colorado

Denison Memorial Library's Outreach Coordinator has been logging the miles ever since being hired in December, 1993. Operating with limited travel funds, she has travelled to all corners of the state during the past two years to demonstrate online database searching and to facilitate electronic access to Denison Memorial Library for local health care providers and institutions.

The programme is definitely growing. People in rural and remote areas need access to health literature to continue their studies and to make sound clinical decisions. The Outreach Coordinator assists them by first making them aware of the information

services that are available and then by teaching them how to access that information.

Her travels take her not only into hospitals, clinics and county health departments, but also into individual homes, such as the residence of a toxicologist who lives alongside the ski slopes of Snowmass Village. She also has given demonstrations on the Western Slope to School of Nursing students at Durango and Grand Junction who are enrolled in extended studies programmes. Just recently, the Outreach Coordinator participated in a distance education teleconference which connected UCHSC nursing students at sites in Greeley, Grand Junction and Denver, using interactive video technology.

Another important part of this position involves meeting with local librarians around the state to strengthen relationships between libraries and to assess the library resources available for outreach students and health providers.

Outreach referrals usually come from the AHEC offices, from an alert following an outreach visit by a CU-Health Sciences Center or University Hospital representative, from notices in *Connections: A Quarterly Newsletter of Denison Memorial Library*, or through word of mouth. Telephone contact is made and a visit is scheduled. Armed with a laptop, modem, overhead projector,

LCD display and a tin of peanut butter cookies, the Outreach Coordinator demonstrates how to access and search the biomedical databases available through Denison Library. She also introduces participants to Internet resources, Impulse, Denison's online catalog, mediated searching and interlibrary loan services.

The Outreach Coordinator's efforts have contributed to the growing list of clients now subscribing to database access from Denison's biomedical online

information services programme called CU-MEDLINE Plus. The Ovid System provides access to seven biomedical databases, including MEDLINE, AIDSLINE, Bioethicsline, CancerLit, CINAHL, HEALTH and PsycINFO.

To help promote the library's outreach services, the Outreach Coordinator regularly exhibits at various conferences, meetings and workshops ranging from local AHEC meetings to the Seventh International Congress on Medical Librarianship. She has written a number of articles for local and regional newsletters, and has organised a poster exhibit at Denison Library during National Library Week.

Outreach Challenges For The Future

The demand for library outreach services continues to grow as health care providers, students and educators recognise the importance of having quality and immediate access to the health literature. Funding for the programme, however, continues to be a major challenge. Soft money has been available for funding the programme since its inception, but such factors as the spiralling cost of medical materials, the increased demand for sophisticated electronic resources and a growing population of non-affiliated clientele are forcing the Library to secure alternative funding methods by the end of 1996.

Armed with a laptop, modem, overhead projector, LCD display and a tin of peanut butter cookies, the Outreach Coordinator demonstrates how to access and search the biomedical databases available through Denison Library.

Marketing of our fee-based library services is one solution and efforts in this direction are underway. When the Outreach Services programme began in 1993, there were 15 subscribers to our fee-based, CU-MEDLINE Plus service. Now, two years later, 115 individuals subscribe to our Ovid search system for accessing the biomedical literature. An annual subscription fee to CU-MEDLINE Plus not only provides unlimited access to Denison Library's network of databases but also includes classroom training on the Ovid software and ongoing telephone support.

Challenges occur when clients, who are not very computer savvy, are located in remote areas. Remote access to Denison Library's resources is another major challenge. With so many Internet service providers and telecommunication softwares on the market, it is almost impossible to have expertise in trouble-shoot-

ing all of them. Internet access is highly recommended for clients who wish to telnet into the Ovid System. Access is also available via a programme of the Colorado State Library called Access Colorado Library & Information Network (ACLIN). ACLIN is a cooperative project of information providers from the Colorado library community, Colorado State government agencies, and Colorado-based nonprofit organisations. Colorado residents may dial-in to a local or toll-free ACLIN number to access our Ovid network of databases.

As our customers become more comfortable with the computer technology and access, and the interactive technology becomes more readily available and affordable, it is certain that the Outreach Services programme will continue to grow and prosper. It is indeed a very exciting area of librarianship in which to work. ■

Bibliography

1. Primary Care Physician Needs Assessment for the State of Colorado. Aurora, CO: Colorado Commission on Family Medicine; and Denver, CO: Colorado Health Professions Panel. October, 1995.
2. Fact Sheet: National Library of Medicine Outreach. Bethesda, MD: U.S. Department of Health and Human Services. Public Health Service. National Institutes of Health, 1992.
3. 1994-1995 Outreach Guide. Denver, CO: Office of Public Relations, University of Colorado Health Sciences Center, 1995.
4. The Generalist Initiative: Overview of Strategies to Achieve School Goal. Denver, CO: University of Colorado School of Medicine. Fall 1995.
5. McCarthy J. Colorado Health Care Telecommunications: Resource/Activity Tracking Paper. Denver, CO: Colorado Rural Health Telecommunications Coalition, c/o Colorado Rural Health Resource Center, 1995.

Authors

In addition to coordinating outreach services at Denison Memorial Library, Joanne Muellenbach, MLS, AHIP, serves as editor of Connections: A Quarterly Newsletter of Denison Memorial Library, participates in consumer health information initiatives and is the Colorado Council of Medical Librarians (CCML) representative for the Colorado Library Marketing Council.

Prior to his current position at GBRHC, Alexander Lyubechansky, MLIS, MA, worked as Health Sciences Librarian at the Credit Valley Hospital in Mississauga, Ontario. His professional interests include outreach and marketing of library services, end-user training and electronic and print resource development.

Delivering Internet Training to Regional Library Users: the BC Ministry of Health Experience

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Introduction

The British Columbia Ministry of Health and Ministry Responsible for Seniors (MOH) Library provides information services to 7,000 headquarters and regional ministry staff at health units, mental health centres, alcohol and drug clinics, speech and hearing services around the province, as well as to the BC Centre for Disease Control, and TB clinics. MOH staff includes medical health officers, public health nurses, environmental health officers, psychologists and psychiatrists, addictions specialists, speech therapists, audiologists, and dental hygienists. Library services include mediated online literature searches, circulation of a 12,000 item book collection and an audiovisual collection of 1200+ items, and delivery of an extensive table of contents service.

Over the last several years, Library staff have assumed a growing role in providing informal assistance to ministry users of the Internet, and last year sought to formalise that mandate. In the spring of 1995, Library staff held several open houses for ministry policy makers and directors to educate them about outreach library services provided to the regions and to demonstrate the potential value of the Internet to our clientele. The Ministry's Executive then reviewed library services to the regions and opted to supply additional funding to provide more outreach services to regional staff, as well as to members of the 20 new Regional Health Boards and 82 Community Health Councils.

To carry out this new project-based mandate we turned to the University of Victoria Arts Co-op programme, whose resources the library has regularly used for special projects. In the fall of 1995, Robyn Jarvis was hired as Internet Resource Person for an eight-month term to develop and deliver an Internet basics course to MOH staff. This position would entail the creation of an Internet course for MOH headquarters and regional staff; the planning and organising of a trip throughout British Columbia to provide the required training to the regions; the ongoing training of employees on matters relating to the Internet; and ongoing support on various problems specifically relating to information retrieval via the Internet.

In addition to the Internet training, this outreach project was viewed as an ideal way to promote the Library's other services to its regional clientele, most of whom had never visited the Library. This was the first opportunity for Library staff to visit regional

offices and meet with MOH staff on their own turf. It was decided that librarian, Heather-Ann Laird, and library technician, Anne Speer, would alternately accompany Robyn on her travels and contribute a library orientation component to each session. Here-with is an account of our experiences in delivering the gospel of the Internet to public health workers around the province.

Course Preparation

Training workshops were a new venture for both the Library staff and Robyn, and we all had much to learn in the beginning. Heather-Ann Laird, the library's Internet guru and Webmaster, would be Robyn's direct supervisor during the work term. Together, they spent the first month developing a curriculum for an Internet course.

Developing a curriculum required an evaluation not only of our learning expectations for the participants but also an assessment of the software available to employees of the Ministry of Health. MOH staff can access the Internet with a text-based browser called Charlotte on their mainframe system, or through Websurfer, a graphical browser used on networked PCs. As well, a small number of MOH staff use Netscape. This variety proved to be a planning headache, but we attempted to offer instruction in all available platforms.

It was decided that a first course should cover the basics of the Internet so that employees could become more comfortable and confident with the vast and overwhelming nature of the Internet.

Library staff held several open houses for ministry policy makers and directors to educate them about outreach library services provided to the regions and to demonstrate the potential value of the Internet to our clientele.

Being rather inexperienced, ambitious and optimistic about this project, we decided that the first pilot session would cover four major Internet tools: Gopher (including Veronica), Telnet, the World Wide Web and Listservs. Within a period of two hours, we would demonstrate these tools using both available means of Internet access: text and graphical. When we look back on this first ambitious plan we pity our poor test subjects who must have been

reeling by session's end! We quickly realised that the course would have to be cut drastically, with demonstrations in only one browser per session. The end result was a course focusing on the World Wide Web with discussions of Telnet and Listservs if time permitted. This proved much more manageable, and was fine-tuned further over time.

With a basic course structure in place, a handout prepared, and a couple of pilot sessions under our belts, Robyn began solo training with ongoing, weekly hands-on Internet Basics sessions for Headquarters Staff, continuing throughout her co-op term. Once this first stage was in process, we turned to the larger challenge of providing this training to the regional health units throughout the province.

Taking On The Province

The first task was to communicate to the various groups within the MOH that this training was available and that we would be travelling to the regions to provide it. We created a flyer generally describing the goals of the training and the groups that we wanted to contact. The flyer was included in the routine Table of Contents packages sent to programme areas around the province. In hindsight, the information provided in the flyer was too vague, and would be more specific if we were to do it again.

After the initial notice was sent, the floodgates opened up. Robyn's mail was inundated daily with upwards of 100 notes from all over British Columbia, in addition to heavy demands from Headquarters staff. At first, Robyn felt as if she was drowning in requests and would never be able to make heads or tails of it let alone respond to everyone. However, after organising her mail-boxes for specific regions, developing distribution lists for responses, and creating a spreadsheet of contact information, she felt a little more in control.

The Nightmare Pilot Session

It was decided that health units nearest to Victoria, specifically those on Vancouver Island, would be the first to receive the regional training and would serve as a testing ground. Duncan, a small city 30 minutes from Victoria, was the first unit on the list. The day before the session, Robyn tested the equipment (laptop, overhead, LCD panel) to ensure that it was in working order and connected to the Internet via the borrowed laptop. Everything worked as it should so we set out the next morning unaware of our impending doom.

We should have clued in that it wasn't our day. Heather-Ann and Anne were on the highway to Duncan before they realised that they had forgotten to pick up the trainer--Robyn! Once there, we started to set up the equipment and check the phone connection. Robyn's face went ghost white when she tried to connect but received nothing but the ominous NO DIAL TONE message. She raced around the room desperately trying different jacks but got the same result. Like a difficult math exam Robyn decided to leave this problem and go onto another. She set up the LCD panel for viewing the screen while Anne and Heather-Ann worked on the overhead and projection screen. Much to Robyn's chagrin the LCD panel no more wanted to cooperate than did the modem connection. It simply would not display the laptop screen. At this point, Robyn called the Systems help desk in Victoria (20 minutes after the scheduled start time) which produced results with a simple keyboard function key.

Problem solved, but we weren't so lucky with the modem connection. Time for some quick thinking and maybe a little

praying. In asking the coordinator it was learned there were a couple of available computers connected to the mainframe. Robyn and Heather-Ann quickly divided the group in half, and with about seven people huddling around each computer, conducted the course as planned--sort of. We survived, but barely.

In retrospect, we're glad these problems occurred in the first trip; we learned a lot about dealing with harsh technological realities. The modem problem was later solved when Robyn posted a question to the listserv NETTRAIN. Responders suggested that it was probably because the phone line at the Duncan Health Unit was a multi-line. We thought plugging a phone line or modem line into an active jack was all the same! It was clear that there is a lot more to training than just being able to surf the net! In subsequent sessions up-Island, things went wrong again, including the overhead, but because of her previous experience Robyn was better prepared and equipped to deal with the problems.

Planning The Big Trek

As the learning process continued, so did the organisation of the trip. Our original plan was to cover the province over a three-week period by car, starting from the Lower Mainland, heading through the Kootenays of southeast BC, up through the Okanagan and Northern Interior, and across to the northwest region, returning down Vancouver Island. Locations depended on the regions contacting us up to that point. Training was to take place during the month of March at the main health unit in each region and would be held in a presentation format with a maximum of 30 attendees.

In early January, after multiple revisions, additions and discussions, the schedule along with general information was sent to the staff members who had requested training in their region. Robyn also e-mailed this information to the main programme areas throughout the MOH.

When great numbers of requests for registration started coming to us directly, a potential disaster was averted by appointing a formal coordinator for each region to be in charge of registration, room bookings and equipment arrangements. Although not very complex, the job proved vital to the success of each training

session. Any information about the session or schedule changes was sent out to each coordinator, who in turn ensured that attendees were informed.

Subsequently, hands-on facilities became available through our MOH Staff Training and Development Centre, who made arrangements with local skills training centres and community colleges

meeting our requirements. Facilities were eventually located for approximately 70 percent of the scheduled sessions in the regions.

The Scheduling Nightmare

Throughout the planning process, more regional offices contacted us expressing interest, necessitating continuous schedule revisions. A request which we now refer to as The Phone Call was the last straw, however, and brought our lovingly crafted but heady schedule crashing down. One of the larger regions called to request more sessions to accommodate their staff, but our schedule was already so tight it was next to impossible. This prompted a meeting with the head librarian, who examined the itinerary and promptly

In retrospect, we're glad these problems occurred in the first trip; we learned a lot about dealing with harsh technological realities.

declared us insane. In retrospect we fully concur with his conclusion. Chalk it up to Victorians blind to the climatic and topographic vagaries of late winter in the rest of BC. According to the original plan, we had scheduled ourselves to travel up to 250 kilometres a night through mountainous terrain during winter—before and after a full day of training. After the head librarian and co-workers colourfully depicted scenarios involving extrication with the jaws of life, we were persuaded to revamp the plan and use alternative means of transportation. The trip was thus divided into four main legs with the majority of travel by air. At last the final schedule was sent out to the coordinators.

Outreach to Boards and Councils Members

In early 1996, Robyn and Heather-Ann attended a conference for the newly-created Regional Health Boards and Community Health Councils, where we set up an Internet station to demonstrate the MOH and Library's web sites. Over the course of the conference it became clear that the Boards and Councils were not aware of the upcoming training sessions. To correct this oversight, a letter was sent to all 76 Boards and Councils inviting their participation. In view of the already great demand from MOH staff, we warned them that possibly only one representative from each board and council would be able to attend a session in each respective area, a restriction which proved to be problematic in some areas where there was already a waiting list. We employed much tact and negotiation to sort out everything satisfactorily.

Excerpts from the Travel Diary

Our first journey began on the southwest coast of mainland BC, the end of the TransCanada Highway. As we drove up-Island we spotted snow geese feeding in the marsh and watched fresh oysters being loaded onto trucks. We passed loaded lumber trucks enroute from the mills and gillnetters at work in the calm seas. Our route and training sessions were planned around ferry schedules for the coastal towns of Powell River, Sechelt and Gibsons. Gibsons health unit had the most incredible site of the tour, overlooking the harbour scene from the "Beachcombers." Anne's secret desire to be a rally driver proved invaluable as we caught our third ferry with just five minutes to spare. Whistler participants plowed their way through a snow storm to Squamish, and patiently waited while Robyn and Anne crawled around searching for a single phone line. We then battled rush hour traffic in Vancouver to barely catch the ferry home to Victoria.

The second journey took us to the Okanagan by car. Training stops in Abbotsford were followed by a night drive to Kamloops. The pulp mill added a pungent aroma to the two sessions. ("Just how many pulp mills do you have here in Kamloops?" inquired Robyn politely, to much laughter.) Sharing a room to save money was perhaps carried too far when we found ourselves in the honeymoon suite in Vernon. Our Vernon audience was gracious despite the cranky laptop and overhead projector. We followed

these sessions with a white-knuckled dash to an evening session in Kelowna. Two days later we left for Vancouver, aiming for the 7 pm ferry home, but in our panic we took a wrong turn and had to flag down one of Canada's Finest for help! Our efforts were for naught when ferry loading was cut off four cars ahead of us. Never let anyone tell you that life on the coast is relaxed!

On the road again—this time the highway in the sky to Cranbrook in the Kootenays. We were tempted to go AWOL to the Banff Springs Hotel but duty kept us in the harness. We left the valley of Cranbrook ringed by the Purcell Mountains and loaded up the four-wheel drive to tackle the highest-travelled mountain pass in BC. Signs announcing "Avalanche Area - Do Not Stop" urged us on to Nelson. We headed back to Cranbrook the next day in the sunshine amidst snowclad peaks, just in time to catch our flight home.

Again on the road—the northern interior beckoned. More pulp mills and frigid temperatures in Prince George. The drive to Williams Lake the next day saw Robyn madly phoning at hamlets along the way to register for her summer session at university. Life does go on! Back to Prince George for two days then a flight home to sunny, tropical Victoria.

Our last trip, to the northwest coast, completed the provincial circle. And what could be more northwest and coastal than Haida Gwaii, the Queen Charlotte Islands? With a total population of only 5,000 over an area as big as Prince Edward Island, the residents know everyone there and wear many

hats. A short trip between islands taught us about ferry travel in the north when the just-departed ferry returned to the dock to pick up a single late arrival. We picnicked on the bay and watched eagles diving for herring. The afternoon session in Queen Charlotte City was held at the home/bookstore of a health council member, and training in Masset took place in a small schoolhouse (aka Northwest Community College). Before the float plane trip to Prince Rupert we managed to fit in a visit to Old Masset, the Native village, and a picnic lunch amid the dunes of North Beach with vistas of Alaska to the north.

Following successful sessions in Prince Rupert and Terrace, we were on to Smithers via the Native villages of Kitwanga and Kitwancool, famous for their hereditary totem poles. A few anxious moments were spent sorting out a scheduling miscommunication in Smithers. Luckily, our problem-solving savvy helped us sort it out in record time. In fact, we can proudly say that we were prepared for just about any scenario. Everything you hear and read about being prepared three times over is absolutely correct.

Conclusion

By the end of the tours, the Library had conducted a total of 43 training sessions at 24 locations around BC. In reaching out to the communities of our province we have accomplished our goals of teaching the Internet and marketing the services of the Library. Despite the odd technological problem, the occasional late plane and missed ferry, the training overall was very successful. Participants completed evaluation forms at the end of each session, and

work is underway to analyse this feedback. An informal survey of the evaluations, however, suggests that the vast majority were very satisfied with the training received. Regional staff expressed great appreciation for our efforts, but we too benefited from the experience, with our memories of the peaceful valleys ringed by rugged mountains, the endless beaches and coastal mountains dropping to the sea, and meeting so many friendly, versatile and hard-working people. Truly a two-way exchange, outreach does reach out and touch us all.

Do's and Don'ts of Outreach Internet Training

- DO use newsgroups like NETTRAIN as sources of information and advice. We found Nettrainers' experiences invaluable and their practical suggestions saved our skins on more than one occasion.
- DO enlist the help of a person at each location to act as site coordinator during the planning of your trip. Make these contacts responsible for rounding up and registering local participants. They are also invaluable for familiarising you with the technical facilities and available equipment, not to mention giving you directions to the location!
- DO schedule plenty of travel time between locations. Make allowances for rush hour traffic, weather conditions, and wrong turns. Hasty packing greatly increases your risk of forgetting that one vital cord/connector/cable without which your laptop/pc/modem will not work.
- DO allow sufficient time before each session to check the facility/equipment setup. Give yourself lots of time to check your modem lines and ensure the software is running properly.
- DO label every piece of your equipment, including cords, to minimise chances of picking up equipment not your own, or of leaving some behind.
- DO provide plenty of handouts. Include all technical instructions so participants can listen and follow along instead of madly scribbling notes. Distance library users may feel isolated and out of touch with your services. Hand out library brochures, journal lists, and topical bibliographies, along with the Internet materials. Leave spare copies behind in reading rooms, etc.
- DO encourage registrants in hands-on Windows-based sessions to know Windows basics. Sounds obvious, but many people are mouse-impaired. While not a great problem, this consumes valuable class time, thus it is important to specify prerequisite skills to your learners. If you need people to know how to use a mouse to point-and-click and navigate around, make this clear.
- DON'T assume your contacts will know your equipment requirements. Make sure you explain such things as single phone line. When the contact at one health unit was asked the whereabouts of their single phone line, she replied, Oh, I thought you'd know.
- DON'T assume supplies will be provided. Build a tool kit with duct tape, screwdrivers and other equipment (we dismantled an overhead projector to retrieve a loose screw). We also brought scissors, pens, post-it notes, whiteboard pens--and not enough business cards.

- DON'T try to cover too much material in too short a time. Participants in hands-on training need plenty of time to follow instructions and try things out. Learning the Internet requires a certain amount of surfing. Doubling up participants at each computer may slow the proceedings, but also improves the learning process as buddies help each other out. You want people to leave feeling excited and empowered, not overwhelmed.
- DO expect things to go wrong. They will, despite your best efforts. Most importantly hone your adaptive abilities. We often used Webwacker screens to present a session offline when our Internet connection failed. When problems occur, keep a cool head and use the opportunity to teach your users about the pitfalls of new technology. Remember that a sense of humour will always see you through!

Internet Resources

General Internet Information

Internet Society Home Page

Information from an International organisation dedicated toward global cooperation and coordination for the Internet.

<http://www.isoc.org/>

TIG Internet Domain Name Database

Conduct a search for domains all over the world or check statistics on domain name growth.

<http://home.tig.com/cgi-bin/genobject/domaindb>

Listservs

NETTRAIN FAQ

Helpful information, including subscription instructions, about NETTRAIN, a terrific discussion list for "net trainers" for the exchange of information, resources, advice as well as discussion around practical, theoretical and philosophical issues.

<http://www.fau.edu/rinaldi/nettrain/nettrain.html>

Internet Mailing Lists Guides and Resources

IFLA's in-depth introduction to Listservs/mailling lists and related links.

<http://www.nlc-bnc.ca/ifla/l/training/listserv/lists.htm>

Searching the Internet

"Tools and Techniques for Searching the Web: Subject Trees and Search Engines" Conference Overheads & Handouts

An overview with presentation materials.

http://burns.library.uvic.ca/KWM_Post_CLA.html

RRLC: Search the Internet

A well-organised listing of tools available for searching the Internet.

<http://www.rrlc.org/search.html>

Searching the World Wide Web with Lycos and InfoSeek

A comparison of these two popular search tools.

<http://www.leeds.ac.uk/ucs/docs/fur14/fur14.html>

Internet Search Engines

An easy-to-follow comparison and breakdown of the most popular Internet search tools.

<http://escher.stark.k12.oh.us/Docs/search/>

Searching the Internet

A helpful description of many Internet search tools.

<http://sunsite.berkeley.edu/Help/searchdetails.html>

Finding Information on the Web

An overview and links to useful search tools.

<http://www.nlc-bnc.ca/pubs/netnotes/notes15.htm>

Understanding and Comparing Search Engines

<http://www.hamline.edu/library/links/comparisons.html>

Awesome Lists

Just as the title says—lists of great sites for Internet trainers.

<http://www.cais.com/makulow/awesome.html>

WWW Meta-Indexes and Search Tools

From the Library of Congress, a great resource of Internet search tools and indexes.

<http://lcweb.loc.gov/global/metaindex.html>

Presentation Links

Hopper Business Solutions, Inc. Home Page

Tips for creating presentations as well as pointers to sites for presentation materials.

<http://www.hopper.com/>

B. Tudin Information Technologies

Several well-made and interesting power point presentations available on various aspects of the Internet.

<http://www.inasec.ca/com/btudin/tud4.htm>

Internet Guides and Tutorials Online

Class Page - Internet Studies

A detailed look into various aspects of the Internet.

<http://www.cs.unca.edu/~davidson/class.html>

ILC Glossary of Internet Terms

aka. Techie Dictionary. A detailed glossary on much of the Internet jargon that exists.

<http://www.matisse.net/files/glossary.html>

Bucks & Hunterdon Counties Internet Help Page

A fabulous listing of links to books, tutorials, and hint sheets for beginners to the Internet.

<http://www.eclipse.net/~newhope/learning.html>

Hands on the Internet Workshop

Updated version of a hands-on workshop presented at the 1995 SLA conference in Montreal. Targeted at librarians with little prior experience with Internet or the Web.

<http://world.std.com/~walthowe/libtrain.htm>

Electronic Mail

Netscape's Internet White Pages

<http://home.netscape.com/home/internet-white-pages.html>

Finding People on the Net

<http://world.std.com/~walthowe/findppl.htm>

Standard Country Codes

<http://www.curtin.edu.au/about/internet/about/address/all-countries.html>

FAQ: How to find people's E-mail addresses

<http://www.qucis.queensu.ca/FAQs/email/finding.html>

Netiquette

The Net: User Guidelines and Netiquette, by Arlene Rinaldi

<http://www.fau.edu/rinaldi/net/index.htm>

Authors

Robyn Jarvis is a fourth-year student pursuing a double major in French and Political Science at the University of Victoria, and hopes to continue on to law school after graduation in 1997. Robyn is working on her own home page and is Secretary of the Web Enthusiasts Association of Victoria.

Heather-Ann Laird holds an MLIS from the University of Alberta, and has worked as a librarian at the BC Ministry of Health since 1991. She created and maintains the list of Health-Related Internet Resources on the MOH home page, and is webmaster of the Library's website. Check the well-organised links at <http://www.hlth.gov.bc.ca/library/>.

*After receiving her BA from the University of BC, and before becoming a library technician, Anne Speer worked as a medical office assistant and an office manager for an architectural firm in Vancouver. She is currently the Interlibrary Loans technician for the Ministry of Health Library, and joint editor of the *HLABC Forum*, the newsletter of the Health Libraries Association of BC.*

Report of the Third Meeting of the Advisory Board on Scientific & Technological Information Subcommittee on Health Sciences Information

The third meeting of the Subcommittee on Health Sciences Information was held on March 6, 1996 in Ottawa, with the following representatives present: Lea Starr and Linda Wilcox from CHA/ABSC, Vivien Ludwin (chairperson) from ACMC, Germain Chouinard from ASTED, and Bernard Dumouchel, Leo Grigaitis, and Cam Macdonald from CISTI.

Margot Montgomery, Director-General of CISTI joined us at the beginning of our meeting to outline the restructuring that is taking place at NRC and its impact on CISTI. NRC has been reorganised into five core sectors: Construction, Biotechnology, Telecommunications & Information, and Infrastructure, each having their own Advisory Boards. CISTI and IRAP (Industrial Research Assistance Program) now report to a new Vice President, Technology and Industry Support, Jacques Lyrette. It is expected that this merging will see CISTI concentrating more effort in supporting distribution of industrial information to the high growth small and medium size enterprises in Canada. In particular CISTI will support the IRAP program which advises industry on technology and occasionally provides financial support for technology transfer. CISTI has an increasing role in corporate information, particularly to provide information support to the other four advisory boards. Although CISTI is closing its Ottawa branches, they will maintain Information Centres in regions where CISTI has Institutes.

Early in 1995 the advisory boards for CISTI and the Research Journals were merged and membership changed. The new Advisory Board represents both constituencies so there are fewer librarians. The Subcommittee on Health Sciences Information reports to this new Advisory Board. MRC attendance at the Subcommittee has been sporadic and there has not been effective advice from MRC regarding CISTI activities and direction. CISTI/MRC partnerships do not seem to be being fostered. As it is important for NRC and MRC to fully understand CISTI's mandate, the committee discussed having representation for MRC on the Advisory Board. The Subcommittee put forward a motion recommending that the Advisory Board seek an effective mechanism for MRC's participation regarding CISTI's programs and directions.

Barbara Hurst from CISTI provided us with an update on "New Developments in Copyright". The issues continue to be complicated as electronic rights are not yet defined in the law, and costly with more publishers pulling out of CANCOPY and setting their own fees for rights to copy. She expects the legislation to be addressed sometime soon.

CISTI's recent accomplishments that have positively impacted on the Health Sciences Library Community include:

- INTELLIDOC now offers electronic document delivery through FTP, ARIEL or FAX

- INTERNET access to CISTI's online catalogue with document ordering
- Development of a discount pricing package for consortia with high-volume document delivery
- Successful marketing of medical collections and document delivery services to the US
- SWETSCAN on UNIX with improved Internet links
- Creation of a product development task force to look at a new online catalogue
- The DOCLINE Coordinator position has been reinstated and filled
- DOCLINE expanding rapidly; 71 libraries have their holdings in and CISTI receives 1600 document delivery requests per month via DOCLINE
- Health Sciences collections have been maintained
- Arranged with Agriculture Canada to provide a document delivery service from their collection

CISTI's current concerns include the financing of the MEDLARS program. There has been a decrease in CISTI's revenue which can be attributed to declining institutional accounts and their accompanying high-volume use. There is growth in individual accounts which are infrequently used and require significant client support as compared with institutional professional librarians who are sophisticated searchers. CISTI's experience is similar to many health libraries which have mounted MEDLINE or are trying to support local Grateful Med users. CISTI is considering new financial arrangements to offset the significant workload that is being generated. CISTI will continue to distribute INTERNET MEDLARS passwords. CISTI has been negotiating with NLM to establish MEDLARS flat rate accounts for institutions but so far this has not been successful.

CISTI was particularly looking for our input at this meeting re the upcoming International MEDLARS Policy Advisory Group (IMPAG) meeting to be held March 26-27 at NLM. All of the international centres around the world have been invited to participate. Some of the topics to be discussed at this meeting include: access to Internet Grateful Med; UMLS and MeSH Translations, Regional Bibliographies and Journal-Related Activities; Outreach Initiatives; IMPAG Advice to NLM for its Long Range Plan; Document Delivery and Telemedicine Applications. Margot Montgomery will represent CISTI and she will be cochairing the session on document delivery.

Overall, resource sharing was the major underlying theme throughout the whole meeting. Its importance to the health sciences community is recognised by CISTI and they will continue to investigate ways of supporting resource sharing activities. For example, CISTI is exploring the potential for increasing access to health collections available in other Federal Government Depart-

ments, particularly Health Canada. Some of the projects that the new DOCLINE Coordinator will be involved in include: developing proposals for expanding the mechanisms for chapters to get data entered into SERHOLD, creating a DOCLINE participants directory, and reviewing the tape submission process. The last tape submission was substantially delayed and this experience provided awareness of the many pitfalls in the current process. The next tape submission is scheduled for June. CISTI remains open to discuss-

ing any and all resource sharing proposals and demonstrated this role clearly at this meeting.

The date for the next subcommittee meeting is not set yet but will probably take place sometime in the fall. Your CHA/ABSC representatives on this subcommittee would appreciate hearing your suggestions, comments or questions re any CISTI issues. Please contact Lea Starr or Linda Wilcox. ■

Submitted by

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Report from CISTI

IMPAG

The US National Library of Medicine hosted the 1996 International MEDLARS Policy Advisory Group (IMPAG) meeting on March 26-27 in Bethesda Maryland.

There were 18 participating national partners: National Library of Australia, CISTI, Chinese Academy of Medical Sciences, Egyptian National Scientific and Technical Info Net, INSERM (CNRS-France), DIMDI (Germany), Chinese University of Hong Kong, Ministry of Health (Israel), Japan Institute of Science and Technology (JICST), Seoul National University (Korea), CENIDS (Mexico), PAHO Latin/South American network (Brazil), South African Medical Research Council, Karolinska Institute (Sweden), DOKDI (Switzerland), Science and Technology Information Centre (Taiwan), the British Library (UK), and a guest: Birzeit University (Palestine). Margot Montgomery, Director General CISTI, and Leo Grigaitis, Head Electronic Information Services, CISTI represented Canada.

Among the technical programs and issue panels the following topics were addressed: NLM System Reinvention, Internet Grateful Med, Unified Medical Language System and MESH Translations, Regional Bibliographies and Journal-related Activities, Outreach Initiatives, NLM's Long Range Plan, Document Delivery, Briefing on Biotechnology Information Services, Demonstration of the Visible Human, and Telemedicine Applications.

The NLM is reducing its staff from 638 to 575 in 1996 and aiming for 521 by 1999. The US government has designated the NLM as 'Systems Reinvention Laboratory' for the next three to five years to create a government that works better and costs less. It is in the process of replacing its legacy informatics systems and is aiming for a single logical bibliographic database with targeted

views for different purposes or clients; access to electronic full-text information sources; continued support for thesaurus-based retrieval; Internet Grateful Med client software for end-users; Windows Grateful Med (in beta); procurement for an Integrated Library System and File Generation Management (cataloguing, acquisitions, collection management and building databases).

The highlight of the meeting for Canadian users was a demonstration of Internet Grateful Med, being launched on April 16 in the US. It runs on a 6-processor SPARC 2000 computer. This powerful new search software is provided directly from the NLM site. It requires only Netscape (or other browser), but will not run on an IBM OS2. The software can map a search entered using free vocabulary to the appropriate MeSH headings using a sophisticated Metathesaurus. It has "just do it" or "user-invoked functions". For example if a user enters "*Filovirus*", the system searches on "*Filovirus*" and ORs in its more specific related terms, "*Ebola virus*" and "*Marburg virus*". It will also process terms entered in French and many other languages.

You may access Internet Grateful Med by entering <http://igm.nlm.nih.gov/>. Regular charges apply for the use of your MEDLARS access code and password. You may trade in your regular password for an Internet-only password by submitting your request in writing to the Product Coordinator, MEDLARS, Electronic Information Services, CISTI, National Research Council Canada, Ottawa, Ontario K1A 0S2. Fax: (613) 952-8244; Internet: cisti.medlars@nrc.ca. ■

Submitted by Leo Grigaitis
Electronic Information Services CISTI

Rapport de l'ICIST

IMPAG

La US National Library of Medicine a organisé la réunion de 1996 du International MEDLARS Policy Advisory Group (IMPAG) les 26 et 27 mars derniers, à Bethesda, au Maryland (É.-U.).

Au total, 18 partenaires nationaux ont participé à la réunion, notamment la National Library of Australia, l'ICIST, la Chinese Academy of Medical Sciences, l'Egyptian National Scientific and Technical Info Net, l'INSERM (CNRS-France), le DIMDI (Allemagne), la Chinese University of Hong Kong, le ministère de la Santé d'Israël, le Japan Institute of Science and Technology (JICST), la Seoul National University (Corée), le CENIDS (Mexique), le réseau latin/sud-américain PAHO (Brésil), le South African Medical Research Council, le Karolinska Institute (Suède), le DOKDI (Suisse), le Science and Technology Information Centre (Taiwan), la British Library (R.-U.), et un invité: la Birzeit University (Palestine). Margot Montgomery, la directrice générale de l'ICIST, et Leo Grigaitis, le chef des Services d'information électronique de l'ICIST, y ont représenté le Canada.

Dans le cadre des programmes techniques et des discussions entre experts, on a traité, entre autres, des questions suivantes: la refonte du système NLM, Grateful Med sur Internet, le Unified Medical Language System et les traductions de MeSH, les bibliographies régionales et les activités reliées aux périodiques, les projets d'extension des services, le plan à long terme de la NLM, la fourniture de documents, le survol des services d'information en biotechnologie, la démonstration du «Visible Human» et les applications de télémédecine.

La NLM réduit actuellement ses effectifs, qui passeront de 638 employés à 575 en 1996. D'ici 1999, la NLM ne devrait employer plus que 521 personnes. Le gouvernement américain a désigné la NLM comme «laboratoire de refonte des systèmes» pour les trois à cinq prochaines années, un projet visant à un gouvernement plus efficace et moins coûteux. La NLM se consacre actuellement au remplacement de ses systèmes informatiques désuets et vise plusieurs cibles: une seule et unique base de données bibliographiques

logique avec des affichages/accès adaptés aux usagers ou aux clients, l'accès à des sources d'information offrant du texte intégral électronique, le soutien continu de l'extraction de données par voie de thésaurus, un logiciel pour les usagers finaux de Grateful Med sur Internet, Grateful Med sur Windows (actuellement en phase d'essai pilote) et l'affectation des investissements nécessaires à un système de bibliothèque intégrée et à la gestion de la génération de fichiers (catalogage, acquisitions, gestion de collection et élaboration de bases de données).

Le clou de la réunion pour les usagers canadiens a été la démonstration de Grateful Med sur Internet, qui sera lancé le 16 avril aux É.-U. Ce système tourne sur un ordinateur SPARC 2000 à 6 processeurs. Le nouveau puissant logiciel de recherche est offert directement à partir des installations de la NLM. Il ne nécessite que Netscape (ou tout autre fureteur), mais n'est pas adapté au IBM OS2. Le logiciel peut élaborer une recherche en associant des mots du vocabulaire libre avec les vedettes MeSH pertinentes à l'aide d'un métathésaurus évolué. Il offre des fonctions d'auto-exécution et d'autres que peut appeler l'utilisateur. Par exemple, si l'utilisateur entre «*Filovirus*», le système réalise la recherche sur «*Filovirus*» OU sur ses vedettes en aval, soit «*Ebola virus*» et «*Marburg virus*». Le système traite entre autres les syntagmes en français et en d'autres langues.

Vous pouvez accéder à Grateful Med sur Internet à l'URL <http://igm.nlm.nih.gov/>. Les frais habituels s'appliquent à l'utilisation de votre code d'accès et de votre mot de passe MEDLARS. Vous pouvez remplacer votre mot de passe actuel par un mot de passe d'accès exclusif à Internet en soumettant votre demande par écrit à la Coordinatrice de produit, MEDLARS. Services d'information électronique, ICIST, Conseil national de recherches Canada, Ottawa (Ontario) K1A 0S2. Télécopieur: (613) 952-8244; Électroposte: cisti.medlars@nrc.ca. ■

Soumis par Leo Grigaitis
Services d'information électronique de l'ICIST

Le devenir des centres de documentation du réseau de la santé: Mini-forum organisé par la Section santé de l'ASTED dans le cadre de "Documentation sans frontières?": le 22ième congrès et colloque de l'ASTED (Québec, Octobre 1995)

Le Gout de l'aventure

Le 27 octobre 1995, jour J du congrès de l'Association pour l'avancement des sciences et des techniques en documentation, le vaisseau amiral de l'ASTED appareillait vers une nouvelle destination. Se pressant sur l'embarcadère, près de cinquante passagers du secteur de la Santé s'apprêtaient à effectuer une passionnante randonnée dans l'espace sidéral et parfois sidérant de la documentation électronique.

À l'heure H, à la minute M et à la seconde S, le commandant de bord, Alain Bourque, aussi directeur de la bibliothèque scientifique de l'Université Laval, présenta les membres de son équipage: la docteure Marie Audette, chercheure sénior en endocrinologie moléculaire du Centre de recherche du CHUL; le docteur Yves Morin, chef de service au département de cardiologie et président du comité de la bibliothèque de l'Hôtel-Dieu-de-Québec; le docteur Isaac Wilchesky, omnipraticien et rédacteur à l'Actualité médicale; madame Diane Saint-Pierre, responsable de bibliothèque à l'hôpital du St-Sacrement et madame Anastasia Khouri, adjointe au directeur des bibliothèques de l'Université McGill. Puis, le commandant indiqua quels rôles chacun et chacune joueraient à bord et le voyage commença.

Témoin des besoins documentaires en recherche fondamentale, la docteure Audette note que, depuis plus de 6 ans, les chercheurs ont délaissé le Current Contents sur papier au profit de sa version informatique. Ils ont accès sur Internet à des notes de cours, à des résultats bruts et à la documentation la plus variée, en plus de l'information bibliographique traditionnelle. Mais Internet conjugue le meilleur avec le pire et ressemble de plus en plus à une vaste bibliothèque dont les bibliothécaires auraient pris congé. Comment ne pas se perdre dans ce labyrinthe et comment retrouver son fil d'Ariane? Comment pallier à une indexation déficiente? Comment vérifier la qualité de l'information? Les bibliothécaires d'aujourd'hui trouveront dans la solution de ces comment un défi de taille.

Autre tendance qu'observe la docteure Audette, les chercheurs remplacent les abonnements traditionnels par leurs cousins électroniques. À leur tour, ces derniers céderont la place à des informations ponctuelles et le just in time succèdera au just in case. Aussi, la mise en réseau de la documentation scientifique confrontera-t-elle éventuellement les maisons d'édition. Généralement, celles-ci profitent de la pression du publish or perish exercée par les chercheurs pour tarifier la présentation et la publication des articles. Et, tirant plein avantage de leur position de force, ces maisons vendent leurs publications à fort prix aux bibliothèques. Mais jusqu'où pourront-elles soutenir la concurrence du médium informatique et rivaliser avec l'instantanéité du message? Seront-elles tentées d'économiser en sabrant dans l'évaluation des articles par les pairs? Comment s'en tireront-elles avec la gestion des droits d'auteurs dans un contexte aussi mouvant?

D'entrée de jeu, le docteur Yves Morin propose à son auditoire un postulat auquel, peut-être, laissera-t-il son nom: dans les hôpitaux, la documentation oublie souvent le clinicien! Si on la compare à la recherche ou à l'enseignement, la clinique se trouve souvent renvoyée à elle-même. Pourtant, le clinicien n'a qu'un seul choix, celui de maintenir sa compétence et, pour ce faire, il doit consulter un savoir intégré, tant dans les sciences biologiques en général que dans son domaine d'exercice. Comme les volumes tombent rapidement en désuétude et que les périodiques, toujours dispendieux mais combien indispensables, représentent encore la principale voie d'accès aux connaissances, le clinicien souhaite disposer d'une information ponctuelle sur des problèmes cliniques particuliers. Au moment où la pratique médicale s'oriente vers la gestion par protocoles, issus des grandes études cliniques et fruit de consensus parmi les praticiens, le repérage de ces protocoles et leur diffusion rendraient d'éminents services à la profession médicale. De l'avis du docteur Morin, les bibliothèques professionnelles peuvent le mieux s'acquitter de ce travail. Dans une conjoncture de restrictions budgétaires et de fermeture d'hôpitaux, celles-ci devront s'appuyer sur le caractère essentiel des services qu'elles rendent et sur leur contribution à la qualité des soins.

Au sein d'un réseau en voie de mutation, les hôpitaux changent de vocation. Et les centres locaux de services communautaires affirment la leur dans les soins de première ligne. Aussi, le docteur Isaac Wilchesky met-il en relief la fragmentation des lieux et des modes de distribution des services médicaux, le caractère multidisciplinaire des interventions cliniques et la mobilité sociale des patients. À cet éclatement des savoirs et des pratiques, la technologie offre en contrepartie des outils capables d'emmagasiner des masses d'informations, une véritable bibliothèque sans murs, un centre de documentation de l'an 2000. Le dossier clinique informatisé en deviendra la pièce maîtresse, lieu et lien électronique de convergence à la fois pour les professionnels, les patients, les établissements de santé et les décideurs.

Au moment où les banques de données se multiplient, où des milliers d'internautes empruntent chaque jour l'autoroute de l'information, où les supports techniques évoluent à un rythme étourdissant, madame Diane St-Pierre entrevoit là des défis stimulants pour tous les professionnels des bibliothèques. Au lieu de consacrer du temps à des tâches manuelles, ceux-ci pourront offrir aux usagers des services de formation et les aider à exploiter les ressources documentaires. Ainsi, ils diversifieront leurs sources d'information. Ils favoriseront le partage des connaissances avec les usagers autonomes des banques de données. Ils auront recours aux systèmes d'information disponible dans leur milieu et aux banques de données des institutions du réseau de la santé. Les petites bibliothèques et les centres de documentation spécialisés ont d'ailleurs publié en 1994 le Catalogue collectif des périodiques des bibliothèques de la santé du Québec et préparent une réédition. Cette première expérience pourrait s'étendre avec profit à l'ensemble des monographies disponibles. Si les catalogues ainsi consti-

tués prenaient place sur Internet, ne pourrait-on pas rêver à une Bibliothèque nationale de santé du Québec?

Madame Anastasia Khouri inscrit, elle aussi, la fin du périple de l'ASTED à l'enseigne du rêve. Durant les années 1960, dit-elle, on avait imaginé les fabuleux développements technologiques d'aujourd'hui. Il ne manquait que les infrastructures et les systèmes capables de leur donner vie. Aucun établissement ou professionnel ne peut désormais se suffire à lui-même ni assumer seul les coûts de système. Le partage des expertises, la mise en commun des ressources par discipline et par région, la création de modèles différents qui allient homogénéité et adaptabilité, l'enrichissement des partenaires par la complémentarité, voilà quelques-uns des moyens capables de façonner l'avenir.

Qui saurait dire vers quelle destination se dirigera maintenant le vaisseau de l'ASTED? Peu importe vraiment. De retour sur la terre

ferme, les passagers ont surtout apprécié que le voyage ait pu commencer en eux et leur communiquer pour longtemps le goût de l'aventure. ■

Soumis par Paul Morency
Participant au Congrès 1995
Chef du service des Communications
Centre hospitalier Robert-Giffard
Beauport, Québec

La Section santé de l'ASTED compte 78 membres. Vous pouvez visiter le site WWW de l'ASTED à l'adresse <http://www.asted.org>.

ASTED's Health Section has 78 members. You can visit ASTED's WWW site at <http://www.asted.org>.

Chapter Report on CHLA/ABSC Development Fund Project

Southern Alberta Health Libraries Association SERHOLD Project

The Southern Alberta Health Libraries Association applied for funding to the CHLA/ABSC Development Fund in 1993 for monies to add the Union List of Calgary Area Hospital Libraries to the NLM SERHOLD database. The libraries included in the original proposal were:

- Alberta Children's Hospital
- Alberta Children's Research Center
- Calgary General Hospital Peter Lougheed Center
- Foothills Hospital
- Kerby Resource Center for the Aging Family
- Longterm Care Inservice Resource Centre
- Rockyview General Hospital
- Society for Technology and Rehabilitation Technical Resource Center
- Salvation Army Grace Hospital
- Suicide Information Center

The Union List, as available in 1993, was a WordPerfect file and this created problems with respect to updating. It was time-consuming and expensive to update and was quickly outdated. The final problem was one of access as the list could only be accessed as a paper document at the price of \$30 each.

We received a cheque for \$1200 in November, 1993 and proceeded to collaborate with Paul Ward of M.A. Ward & Associates to have the union list converted to SERHOLD format. Member libraries assisted Paul in searching and supplying title control numbers (TCNs). Once this step was complete Paul was able to convert the data into SERHOLD format. Member libraries then received individual discs of their holdings and we revised the entries as needed. Unfortunately, not all member libraries were able to participate in this phase which resulted in an interim union list being created in May, 1995. The final revisions by all members

were submitted to Paul in December, 1995 and we received the final edition of the list in February, 1996.

The Southern Alberta Health Libraries Association began using DOCLINE in September, 1995. We had agreed to be part of a DOCLINE trial with the Northern Alberta Health Libraries Association and the Health Libraries Association of BC. Unfortunately, our holdings were not loaded into the SERHOLD database until later in the year and the trial had to be postponed until January 3, 1996.

Jim Henderson, from the College of Physicians & Surgeons of BC, gave a half-day workshop on DOCLINE to our members while in Calgary on CHLA/ABSC business. We were fortunate Jim was available and because of the circumstances were able to pay the cost of the workshop from the remaining monies.

The benefits to CHLA/ABSC and the Southern Alberta Health Libraries Association of this project are:

- supports cooperative acquisitions;
- provides improved document delivery to clients of participating libraries;
- supports hospital libraries in their initiatives to provide superb client services;
- supports networking and local resource sharing initiatives within our chapter;
- helps to foster the development of a national union list.

We would like to thank the Board for their contribution to our chapter's development. Our members are enthusiastic about DOCLINE and the changes it has brought to our document delivery model. We encourage other chapters to apply for development funds through CHLA/ABSC to extend DOCLINE in Canada. ■

Submitted by
Kim Polvi
President, SAHLA

CHLA/ABSC Union List Survey Report

Part of the mandate of the Task Force on Resource Sharing (TFRS) is to examine union list activities within our association. Nationally our familiar union lists are changing. The hardcopy versions of the Union List of Scientific Serials Held in Canadian Libraries have reached their final editions. The National Library of Canada's resource sharing initiatives are directed at a "virtual" union catalog. And—of course—the ongoing implementation of DOCLINE across the country has focused our attention not just on national union lists but also upon chapter level union lists:

- Will they still be necessary five years from now?
- Who will produce them?
- Can SERHOLD be sliced and diced to produce a report of one chapter's holdings? If so, by whom?
- Are chapter union lists still cost effective?

Table 1. Internet Access

Chapters	Libraries	Reporting Libraries	Internet 1995	Internet 1996
ABSM	43	n/a	n/a	n/a
COHLA	17	15	7	7
GHHLA	20	n/a	12	12
HLABC	65	25	45	45
KAHLA	11	12	8	10
LAHLA	29	12	15	n/a
MBHLA	18	18	5	8
MRHLA	25	16	13	15
NAHLA	15	11	8	8
NLHLA	6	14	3	5
NOHLA	13	9	6	n/a
OHHLG	27	22	n/a	n/a
SAHLA	12	8	6	7
SHLA	24	14	6	n/a
THLA	100	62	75	90
WAHLA	23	15	5	8
WWDHLN	16	18	n/a	n/a

n/a = not available

Total number of libraries in chapters: 464

Total number of libraries reporting holdings to chapter union lists: 271

Total number of libraries with Internet ca 1995: 187

Total number expected to have Internet in 1996 (n/a's excluded): 215

Percentage difference: 13%

In the fall of 1995 TFRS distributed a union list survey, originally drafted by Carole Brault (Centre hospitalier de l'Université Laval) to each chapter to see where our chapters are and where we are heading. All chapters responded. (1) One chapter, Association des bibliothèques de la santé de Montréal, does not have a union list of its own, their libraries report to ASTED, which publishes the *Catalogue collectif des périodiques dans les bibliothèques de la santé du Québec*. Another chapter, our newest, Golden Horseshoe, does not have a union list in place yet. Some of the questions—for example; total holdings, future internet access, size of file, etc.—yielded soft numbers or no reply at all.

Since the full survey report would double the bulk of BMC, this report summarises what the task force perceives as the highlights. A full copy will be routed to each chapter by its DOCLINE buddy. (2)

TFRS recognised three major concerns:

- Internet Access
- Content
- Union List Production

Internet Access

Despite the almost clichéd explosion of Internet, the difficulties of firewall security and library funding have slowed Internet's spread into chapter libraries. This is particularly crucial, since DOCLINE in Canada is Internet dependent. See Table 1.

Content

Chapter union lists report the holdings of a surprising variety of collections. Only four academic health science libraries make the cut. Although the exclusion of local academic health science libraries from chapter union lists has reflected practical decisions regarding size of collections, cost of union list production, etc., the Task Force can't help but note the impracticality inherent in a multiplicity of discrete lists.

COHLA: Hospital libraries, Mental Health Facilities

HLABC: Hospital, Medical College, Arthritis Agency, BC Health Assoc, BC Justice Inst, Reg Nurses Assoc, Min of Health, Workers Compensation

KAHLA: Hospital, University and Nursing College Libraries and the Public Health Unit

LAHLA: Hospital libraries, 3M Health Unit

MBHLA: Hospital libraries, Alcoholism Foundation, Provincial Mental Health Centres, Manitoba Developmental Centre, Dept of Health, Red River Community College, Society for Manitobans with Disabilities

MRHLA: Hospital, Pharmaceutical, Depts of Health, Nurses Assoc

NAHLA: Hospital, Government (Health), Provincial Nursing Association Libraries

NLHLA: Hospital libraries, Memorial University HSL

NOHLA:	Hospital, University and College HSL's, Cancer Centre, District Health Unit, Resource Centre for OH&S
OHHLG:	Hospital libraries, national association libraries: CMA, CDA, CNA, Cdn Red Cross, etc.
SAHLA:	Hospital libraries, Long Term Care Resource Centre, Suicide Information & Resource Centre
SHLA:	Hospital libraries, Reg Nurses Assoc, Community Health, Cancer Clinics, Social Services, Saskatchewan Health, Technical Inst
THLA:	Hospital and pharmaceutical libraries, government and association HSL's (OHA, OMA, etc)
WAHLA:	Hospital library, teen health centre, public health units, International Joint Commission (environment)
WWDHLN:	Hospital, University, College, Mental Health Association libraries

Union List Production

Of the 15 chapter lists being produced now, seven are (or will be in 1996) produced by Paul Ward Associates. Another seven are produced within the chapters. The exceptions are ABSM, which reports to ASTED; and NLHLA, where Memorial University's Health Sciences Library manages the union list.

COHLA:	M. McDiarmid, Oshawa General Hospital, Oshawa, ON L1G 2B9
HLABC:	Paul Ward, 77 Vansittart Ave, Woodstock, ON N4S 6E3
KAHLA:	Barb Carr, Library, St Lawrence College, Kingston, ON K7L 5A6
LAHLA:	Currently St. Joseph's Hospital Centre; Contracting with Paul Ward, for 1996
MBHLA:	Chapter Union List Committee
MRHLA:	Paul Ward, Woodstock, ON
NAHLA:	Paul Ward, Woodstock, ON
NLHLA:	Memorial University HSL, St. John's, NF
NOHLA:	C. Steadwell, McKellar Hospital, Thunder Bay, ON P7E 1G6
OHHLG:	Paul Ward, Woodstock, ON
SAHLA:	Paul Ward, Woodstock, ON
SHLA:	Paul Ward, Woodstock, ON
THLA:	T. Fillery (Patend Systems) Toronto, ON. Data input by consortium office staff
WAHLA:	Chapter member
WWDHLN:	J. Pharoah, Homewood Health Centre

Questions

- While providing us with a snapshot of local solutions to union list production, the survey has left us with more questions, rather than a conclusion.
- How much time is consumed in each chapter generating union lists? Are these arrangements secure? Are there fallbacks?

- Recognising the historical needs chapters have had for union lists, the Task Force is concerned about future developments without strong institutional support. (The rogue milk truck scenario.)
- We have heard consistently about the ease of use of paper copy lists. And we have heard that their production is expensive. Will production/paper costs rise to a point where the demand for paper copy cannot be met?
- Ought smaller library holdings be reported along with the larger academic libraries?
- Will the introduction of DOCLINE change the demand for paper copy union lists?
- The Task Force thanks the chapters for their help, and welcomes any and all comments and questions.

Submitted by Patrick Ellis
Chair, TFRS

Endnote

(1) Participants:

Association des bibliothèques santé de Montréal (ABSM)	UL Title: N/A
Central Ontario Health Libraries Association (COHLA)	UL Title: <i>Union List of Periodicals</i>
Golden Horseshoe Health Libraries Association (GHHLA)	UL Title: N/A
Health Libraries Association of British Columbia (HLABC)	UL Title: <i>Union List of Serials of the Health Libraries Association of B.C.</i>
Kingston Area Health Libraries Association (KAHLA)	UL Title: <i>Union List of Serials in Kingston Area Health Libraries</i>
London and Area Health Libraries Association (LAHLA)	UL Title: <i>Union List of Serials: London and Area Health Libraries</i>
Manitoba Health Libraries Association (MBHLA)	UL Title: <i>Manitoba Health Libraries Association Union List of Selected Serials</i>
Maritime Health Libraries Association (MRHLA)	UL Title: <i>Union List of Serials in Maritime Health Libraries / Catalogue collectif des périodiques des bibliothèques des sciences de la santé des maritimes</i>
Newfoundland and Labrador Health Libraries Association (NLHLA)	UL Title: <i>Union List of Serials in Newfoundland & Labrador Health Libraries</i>
Northern Alberta Health Libraries Association (NAHLA)	UL Title: <i>Union List of Serials of the Northern Alberta Health Libraries Association</i>
Northwestern Ontario Health Libraries Association (NOHLA)	UL Title: <i>Northwestern Ontario Health Libraries Association (NOHLA) Union List</i>

Ottawa Hull Health Libraries Group (OHHLG)

UL Title: *Union List of Serials in Ottawa Health Libraries 11th ed. / Catalogue collectif des périodiques dans les bibliothèques de santé d'Ottawa-Hull*

Saskatchewan Health Libraries Association (SHLA)

UL Title: *Union List of Serials of the Southern Alberta Health Libraries Association*

Southern Alberta Health Libraries Association (SAHLA)

UL Title: *Union List of the Saskatchewan Health Libraries Association*

Toronto Health Libraries Association (THLA)

UL Title: *THLA/Consortium Union List of Periodicals*

Waterloo Wellington Dufferin Health Library Network (WWDHLN)

UL Title: *Waterloo Wellington Dufferin Health Library Network Union Serials List*

Windsor Area Health Libraries Association (WAHLA)

UL Title: *Windsor Area Health Libraries Association Union List*

(2) Buddies:

Charlotte Beck, Patrick Ellis, Joan Leishman, Lea Starr

Nominations and Elections Committee Report

To be presented in Toronto, Ontario, at the CHLA/ABSC Annual General Meeting, June 16, 1996

I am pleased to be able to report that three highly qualified members were nominated for positions on the Board of Directors. Since only three nominations were received even after extensive canvassing of the membership, the three nominees are declared elected by acclamation.

The new members of the Board are:

Vice-President/ President-Elect	Lois Wyndham Chedoke-McMaster Hospitals Hamilton
Secretary	Janet Joyce Royal Ottawa Health Care Group Ottawa
Continuing Education Director	Shelagh Wotherspoon Health Sciences Library Memorial University of Newfoundland St. John's

I wish to thank the new Board members for agreeing to run. I am sure that they will make significant contributions to the Association over the next few years.

On a less positive note it is my duty to point out to the membership that election by acclamation is not good for the Association. This is the first year in recent memory where all Board positions were uncontested. We are fortunate in having had high quality nominees for the open positions this year but this cannot be expected to happen automatically every year.

I urge each and every member of the Association to consider running for Board in the future. Working on the Board with colleagues from across the country is a rewarding experience. Without the participation of the membership in Association activities including the Board, the Association will not be able to continue as the active association into which it has developed.

Start thinking now about running for Board next year!

Submitted by George Beckett
Past-President & Chair, Nominations Committee

News, Notes and Columns

Ask Doctor DOCLINE

Questions to *Doctor DOCLINE* are fielded by the Task Force on Resource Sharing (TFRS) in order to answer the sort of questions that no manual or help screen seems to address. Direct your questions to any of the Chapter Buddies: Charlotte Beck, Joan Leishmann, Lea Starr or to:

Patrick Ellis, Chair TFRS
W.K. Kellogg Health Sciences Library
Tupper Building
Dalhousie University
Halifax, N.S., B3H 4H7
Tel: (902) 494-2482
Fax: (902) 494-3750
Envoy: ILL.KELLOGG

Q. What is the proper way to ask if all chapters can use others' LIBID codes for DOCLINE routing tables? Must one write to each chapter president?

A. Here's the current state of the art. The best route is still to build your routing tables library by library. The first reason for this is the many libraries involved that have small staffs--and accompanying concerns about influx of requests. The second reason is that there has not yet been much work done yet on inter-chapter coordination of DOCLINE (excluding the BC/Alberta pilot project). This library by library approach doesn't preclude chapter agreements, it only means each chapter needs an orchestrator--a chapter DOCLINE User Group (DUG), or the chapter president.

I would suggest that the best thing for a chapter who wishes to do this to do is the following:

Someone in the chapter (DUG, president, some unsuspecting soul) take responsibility for compiling the information for each library in the chapter:

1. size of library, user base and collections size;
2. yearly average number of ILL transactions;
3. charges (if any);
4. send the compiled information to each chapter that they wish to include in their routing tables.

This may be much the same as contacting individual libraries although it may cut down on some of the repeat work. Also the chapter rep may suggest a scheme for placement in the routing table such as the Pacific Northwest Chapter's scheme of putting special arrangements--or libraries smaller than 100 titles--in cell one, 100-200 title libraries in cell two and so on. Much of the information needed to accomplish this is usually in the DOCUSER file. Of course if we had a Directory, this could all be in there and everyone could have access. Hmmmm.... Things to consider:

ACMC libraries using DOCLINE did not enter into the system via their local chapters. Even if you had mutual chapter agreements, these might not include the ACMC libraries.

It could turn out that the customizing of the individual library's routing tables would come after the fact; to reflect mutual agreements, pricings structures, collection strengths. I cannot estimate whether this would be more efficient than a priori, library by library, table building.

Not all chapter members will necessarily need the same resources in the same cells in their routing tables. Have you seen the model for building routing tables that we published in the Task Force newsletter? if not, would you like a copy? If so, contact your chapter's DOCLINE Buddy on the Task Force for Resource Sharing.

Q. What happens when "routing on" of monograph requests eventually lands your request at NLM? For instance, suppose I send a request for a monograph to CISTI, via DOCLINE, CISTI doesn't own the monograph, and the request is subsequently routed on to NLM.

A. Not much. NLM's Interlibrary Loan Policy states, "Materials in the original form will not be loaned outside the U.S.", so your request will be cancelled. If you are seeking photocopy of particular pages from a monograph, rather than the loan of the monograph from NLM, the best route would be to make the request by phone (301-496-5511) or by fax (301-496-2809). Pitching the same request via DOCLINE will result in cancellation.

Ask Doctor DOCLINE (cont'd)

Q. Where can a person find out more about the internet?

A. Three good general introductory texts are:

Krol, Ed. *The Whole Internet: A User's Guide and Catalog*. 2nd ed. Sebastopol, CA: O'Reilly & Associates, 1994. ISBN: 1565920635

Carrol, Jim and Broadhead, Rick. *Canadian Internet Handbook*. Scarborough, ON: Prentice Hall Canada, 1996. ISBN: 0135050170

Hancock, Lee. *Physicians' Guide to the Internet*. Philadelphia: Lippincott-Raven, 1996. ISBN: 0397516347

Q. Have you any advice on how to communicate with my computer people?

A. Remember, they aren't the only group with a secret language. Belt them with scary terms like authority control, MARC records; dazzle them with acronyms (IFLA generally shuts them up). Be firm. Ask them to try doing the task that is boggling you. Don't hesitate to bribe; tasty treats are seldom refused, a bit of advice on school projects carries favour. And, when all else fails, the books of Barbara Woodhouse are particularly helpful.

People

Two former CHLA/ABSC Presidents have recently taken new directions in their careers.

Beverly Brown has won the competition for CISTI's Electronic Products Coordinator, DOCLINE/ROMULUS/MEDLARS. She will coordinate the participation of Canadian libraries in DOCLINE, provide customer support for ROMULUS, and assist the MEDLARS Product Coordinator with customer support and training. An MLIS graduate of the University of Western Ontario, Bev has twelve years of experience in health sciences librarianship at the Medical Library, University of Manitoba, and the Canadian Memorial Chiropractic College in Toronto. She is well known for her involvement in CHLA/ABSC, the Manitoba Health Libraries Association, CASLIS in Manitoba, and the Toronto Health Libraries Association. The commencement of Bev's appointment, April 30, coincides with the completion of a year of French translation studies at the University of Ottawa.

Ada Ducas was appointed Head of the Neil John Maclean Library in September 1995. The new library facility, which opens this summer, will merge the University of Manitoba Medical, Neilson Dental, and Health Sciences Centre hospital libraries into one. Ada began her professional career at Royal Victoria Hospital in Montreal before moving to Winnipeg to become Reference Librarian at the Elizabeth Dafoe Library. She held the position of Director of Educational Resources at the Health Sciences Centre for five years, returning to the U of M as Head of the Science Library in 1990. In addition to an MLS from McGill University and her work with CHLA/ABSC, Ada has completed the Canadian Hospital Association's Program in Health Services Management, and currently serves on the executive of the Canadian Association of College and University Libraries.

Congratulations to both incumbents, et bonne chance!

Connecting to DOCLINE: Technical Tips For Canadian Libraries

What Is This Fact Sheet About?

This fact sheet provides information for Canadian health libraries wishing to access the United States National Library of Medicine (NLM) DOCLINE system. Connecting to DOCLINE via the Internet can be complex. A number of libraries have reported problems with setting up or using Internet connections. This fact sheet will identify the basic hardware and software components needed to access DOCLINE. It presumes that you are connecting directly to DOCLINE, have an existing DOCLINE account, and are not using an intermediary program such as QuickDOC or AVISO. It is intended specifically for the person who is responsible for establishing communications via the Internet with the DOCLINE system.

This fact sheet should be viewed as supplementary to the information provided in the DOCLINE system manual and the documentation provided by the Canadian representative of the NLM, the Canada Institute for Scientific and Technical Information (CISTI). Much of the information is also applicable to establishing Internet connections to the NLM MEDLARS system which runs on the same computer system as DOCLINE.

DOCLINE is a system for the messaging of document delivery requests and the automatic identification of supplying locations. Canadian libraries have had access to DOCLINE since 1994. Due to NLM-imposed licence restrictions, Canadian libraries may **only** access DOCLINE via the Internet. Dial-up access through DATAPAC or other telecommunication networks is a contravention of the DOCLINE agreement with the National Library of Medicine.

Connecting To The Internet - The Basics

Canadian libraries can only access the DOCLINE system through the Internet. Therefore you must arrange to get access to Internet communications in order to use DOCLINE. For most health libraries there are three basic scenarios for gaining access to the Internet:

- a) your hospital or parent organization provides direct Internet access capabilities;
- b) you purchase direct Internet access from an Internet Service Provider (ISP) which is typically a commercial company;
- c) either through your parent organization or an ISP you have indirect connection to the Internet via another computer.

In option a) your computer would normally be directly connected to a data communications network which has a connection to the Internet. This is the type of connection which provides the fastest and most reliable types of connections. In option b) you would normally use a modem to dial in to the ISP company which would provide a connection to the Internet similar to that provided in option a). The speed of your modem connection to the ISP will limit the speed with which you can communicate with the Internet. You should have a minimum of a 14,400 baud modem and preferably higher speed. In option c) you connect to another computer to access the Internet rather than using Internet software located on your computer.

Many libraries may have to use option c) because their organization insists that for security reasons, all Internet access goes through a firewall. When using option c) ensure that you discuss your Internet communication needs with your technical support people. Typically the intermediary computer in this option is a multi-user computer system whose configuration is beyond the library's control. The Telnet and TN3270 software programs on these machines often lack the useful features such as printer control which are expected in personal computer communication programs. A number of problems for DOCLINE users may arise because of the Internet software settings on the intermediary machine. The preferred option is direct access to the Internet from your local computer over which you are likely to have more control.

Direct Connection To The Internet

To connect your computer directly to the Internet you need a variety of software, hardware and configuration information. Typically your local technical support group or ISP will provide the configuration information you require.

Here is a checklist of the basic items which are needed to connect a computer directly to the Internet:

1. A physical connection to the Internet. This could be a network interface card which directly connects your computer to a local data communications network or it could be a modem which connects you to an ISP.
2. TCP/IP software which provides the underlying communication protocol software support for communication over the Internet. There are a number of commercial and share-ware/public domain packages available for DOS, Windows, Windows 95 and Macintosh computers. If you are running local area network (LAN) software on your computer you will also require additional software which will permit the LAN programs and the TCP/IP programs to use the network connection at the same time.
3. TCP/IP communications software which provides Telnet, TN3270 or FTP communication capabilities. Typically a separate program is used to provide each of these capabilities. A highly recommended package for Telnet capabilities is the Kermit communications software program. There is a wide variety of software available offering these capabilities. Unfortunately, there is also a wide variation in the quality of the software. Careful selection of a quality TCP/IP communications program can avoid a number of problems later.
4. Internet configuration information which typically includes your local computer IP address, local computer host name, local network subnet mask, local network gateway computer IP address, and the IP address of the local domain name servers. This information must be provided by your ISP or local computing support group.

If you feel uncomfortable about configuring your computer for Internet access it is recommended that you arrange for your local technical support group to configure it for you. While configuration is not difficult, there are a number of options which can seem quite bizarre to someone unfamiliar with configuring a computer for Internet access. An inappropriately entered IP address will prevent proper connection with the Internet.

Connecting To DOCLINE - The Basics

DOCLINE runs on an IBM mainframe computer at the National Library of Medicine. Interactive connections are made using two common Internet services: Telnet or TN3270. A Telnet connection normally emulates a VT100 compatible terminal while a TN3270 connection emulates an IBM terminal connection. Either type of connection will work with DOCLINE. In the DOCLINE documentation provided by NLM you will sometimes see Telnet access referred to as "line mode" while TN3270 access is referred to as "full screen mode".

It is important to note that if you wish to create reports for downloading from the RECEIPT, LD RECPT, or STATUS functions of the DOCLINE system you must use a TN3270 connection. The actual downloading process of reports from the DOCLINE system uses the Internet FTP service. The commands required to create the report require the capabilities present in a TN3270 connection. Whether or not this feature is important enough to prefer a TN3270 connection is up to your judgement. Telnet software is more common and is used by many libraries not concerned about downloading reports directly from the DOCLINE system.

The NLM Internet address is: medlars.nlm.nih.gov (this is the domain name)
or
130.14.10.200 (this is the IP address)

Either form of the address is acceptable when configuring your Internet communications software. IP addresses should be thought of as phone numbers for the Internet which permit the identification of specific computers.

The DOCLINE system does not provide any special support for printing. You must turn your printer on or off at the appropriate time to print whatever appears on your screen when connected to DOCLINE.

Tips On How To Avoid Common Problems

1. If you are using a computer running DOS or Windows it is strongly suggested that you use the DOS Kermit program for accessing DOCLINE. Kermit has excellent VT100 terminal emulation capabilities, it provides all of the functionality of major commercial communication programs and it is free. The DOS version is used both for DOS and Windows computers. If you do not choose to use Kermit, exercise caution in selecting which software package you will use for Telnet/TN3270 communications. The quality of the terminal emulation provided by many Telnet programs is uneven as is their range of capabilities for such features as printer and session logging control. It is best to use a package which is known to have high quality terminal emulation capability and a full set of communication program features.
2. Avoid using an intermediary computer to connect to DOCLINE. There can be problems with terminal emulation and communication program settings when such a computer is used. If you do use an intermediary computer for Internet connections, talk to the technical support group running that computer and explain your needs. They may be able to adjust the computer in order to avoid commonly encountered problems.
3. When selecting a Telnet or TN3270 communications program it is recommended that you select a program derived from a full-fledged communications program such as Kermit or Procomm. These programs are likely to provide more control of features such as session logging and printing than other programs which were designed as add-ons to TCP/IP software packages.
4. If you attempt to configure your computer for Internet access ensure that you carefully read the documentation accompanying the software. Try to find someone who is familiar with configuring TCP/IP connections if you are unsure as to what to do.
5. Capturing DOCLINE output may be more efficient than trying to print it directly. Many communication programs allow you to turn on/off capturing or logging of whatever appears on the computer display. Check your communications program documentation on how to do this.
6. Sometimes you may get connected but cannot see what you are typing. If this happens see if your communications program has an option to turn on local echo.
7. A common problem is getting the backspace key to work. Some Telnet and TN3270 programs have a special setting allowing this to work properly. Look for a command such as "toggle bs". If no such feature exists but there is a capability to redefine the keyboard key settings, try changing the backspace key setting from decimal value 127 which translates into the ASCII delete value to decimal value 008 which translates into the ASCII backspace value.

Who To Contact For More Information or Assistance

1. Talk to your local technical support group if you are experiencing technical problems.
2. Try contacting local colleagues who also use DOCLINE. They may know the answer to your question.
3. Contact CISTI which acts as the Canadian representative of NLM for Canadian access to DOCLINE.
DOCLINE Coordinator
Electronic Products & Services
CISTI, National Research Council Canada
Montreal Road, Bldg. M55
Ottawa, Ontario K1A 0S2
Phone: 1-800-668-1222
Fax: (613)952-8244
Internet: cisti.docline@nrc.ca
4. Send a message outlining your problem or the information you need to the electronic discussion list canmedlib@morgan.ucs.mun.ca. It is quite likely that someone on that list may be able to help you.
5. The DOCLINE Service Desk at the National Library of Medicine is a good source of information about DOCLINE itself but may not be able to help with Canadian access problems.
DOCLINE Service Desk
National Library of Medicine
Bethesda, Maryland, USA
Phone: (301)496-5511
Internet: ill@nlm.nih.gov

Glossary of Terms

Domain Name System	A system for assigning names to computers connected to the Internet. It permits use of names instead of IP addresses for identifying computers on the Internet.
Firewall	A general term used to describe the security system used to prevent unauthorized access to the internal network of an organization from the Internet. The actual firewall is normally composed of a combination of special software and hardware along with security policies.
FTP	File Transfer Protocol - an Internet service for transferring files between computers.
IP Address	A unique address which serves to identify every computer connected directly to the Internet. It is always composed of four groups of up to three numbers separated by a period. E.g. 123.456.789.123
Internet Service Provider	Also commonly referred to by the acronym ISP. A company or organization which provides access to the Internet for organizations or individuals without their own direct connection to the Internet. This is a growth business in many parts of Canada.
Telnet	An Internet terminal emulation program which typically provides a VT-100 (or higher) quality terminal connection to a remote computer.
TCP/IP	Transmission Control Protocol/Internet Protocol - this is the generic name for the protocols which control delivery of messages and data through the Internet.
TN3270	An Internet terminal emulation program which emulates terminals designed to work with IBM mainframe computers using a "full screen" interface.
VT-100	A standard for terminal emulation originally devised by Digital Equipment Corporation. It works on a line-by-line mode.

Suggested Reading

Canadian Internet Handbook - edited by Jim Carroll and Rick Broadhead and published annually, this handbook provides a basic introduction to Internet capabilities and a directory of the major Internet Service Providers in Canada. It is available in most bookstores.

*This fact sheet was prepared by **George Beckett**, Health Sciences Library, Memorial University of Newfoundland, Health Sciences Centre, St. John's, Newfoundland A1B 3V6; Telephone (709) 737-6670; Fax (709) 737-6866; Internet: georger@morgan.ucs.mun.ca. All information is current as of April 1996.*

Canadian Health Libraries Association
Association des bibliothèques de la santé du Canada

April 18, 1996

TO: CHLA/ABSC Members

FROM: George Beckett, Chair, Nominations Committee

SUBJECT: Report on 1996 Elections For CHLA/ABSC Board of Directors

I am pleased to be able to report that three highly qualified members were nominated for positions on the Board of Directors. Since only three nominations were received even after extensive canvassing of the membership, the three nominees are declared elected by acclamation.

The new members of the Board are:

Vice-President/President-Elect - Lois Wyndham (Chedoke-McMaster Hospitals, Hamilton)

Secretary - Janet Joyce (Royal Ottawa Health Care Group, Ottawa)

Continuing Education Director - Shelagh Wotherspoon (Health Sciences Library, Memorial University of Newfoundland, St. John's)

Attached for your information are brief biographies and statements by the new Board members.

I wish to thank the new Board members for agreeing to run. I am sure that they will make significant contributions to the Association over the next few years.

On a less positive note it is my duty to point out to the membership that election by acclamation is not good for the Association. This is the first year in recent memory where all Board positions were uncontested. We are fortunate in having had high quality nominees for the open positions this year but this cannot be expected to happen automatically every year.

I urge each and every member of the Association to consider running for Board in the future. Working on the Board with colleagues from across the country is a rewarding experience. Without the participation of the membership in Association activities including the Board, the Association will not be able to continue as the active association into which it has developed.

Start thinking now about running for Board next year!

Submitted by

George Beckett
Past-President &
Chair, Nominations Committee

**Canadian Health Libraries Association/
Association des bibliothèques de la santé du Canada**

Board of Directors/Membres du Conseil d'administration

(Biographical information supplied by the candidate/Renseignements biographiques fournis par chaque candidat)

Janet Joyce

Current Position: Manager, Library Services, Royal Ottawa Health Care Group, Ottawa, Ontario

Background:

Graduate of the McGill University Master of Library Science program. Currently the Manager, Library Services, Royal Ottawa Health Care Group. Janet has worked in university and hospital libraries since 1974.

Work for professional associations has included: Continuing Education Chair, Ontario Hospital Libraries Association, 1996, Co-ordinator, DOCLINE task Group, Ottawa Valley Health Libraries Association (CHLA/ABSC chapter), CHLA/ABSC Task Force which produced *Standards for Library and Information Services in Canadian Healthcare Facilities, 1995*, CHLA/ABSC-CCHFA (now CCHSA) liaison on library services/information management standards, 1991-1993, CHLA/ABSC exhibits chair - 1986 annual conference, Montreal

Statement:

I would like the opportunity to bring my energy and commitment to the Board of Directors. I believe that CHLA/ABSC has and must continue to provide effective leadership in collaboration with its members in the field of health sciences information management and provision in Canada.

In a field where information technology is rapidly changing the way in which we provide services to our clients, CHLA/ABSC must lead our profession. The current work of the Task Force on Resource Sharing is one such initiative.

Shelagh Wotherspoon

Current Position: Reference Librarian, Health Sciences Library, Memorial University of Newfoundland, St. John's, Newfoundland, 1989-

Background:

BA (Biology, Chemistry, Biochemistry) (Queens), BLS (University of Toronto), Librarian, Public Services, W.K. Kellogg Health Sciences Library, Dalhousie University, 1969-1971; Head, Public Services, Health Sciences Library, Memorial University of Newfoundland, 1974-1989

Member of CHLA/ABSC and the Newfoundland & Labrador Health Libraries Association; 1995 CHLA/ABSC Conference Planning Committee CE Chair

Statement:

I welcome the opportunity to serve on the CHLA/ABSC Board. As an experienced academic health sciences librarian, I believe that CHLA/ABSC must continue to provide leadership in such areas as resource sharing and access to information. In these times of rapid change in health care and information technology, together with the issues of downsizing, shrinking budgets and restructuring, CHLA/ABSC's mission to "improve health and health care by promoting excellence in access to information" and in particular their goal "to enhance the health information dissemination system in Canada" are especially important. Communication with the membership and the health community is vital; and we must continue to develop new skills to expand our role as we adapt to these changes.

**Canadian Health Libraries Association/
Association des bibliothèques de la santé du Canada**

Vice-President/President Elect//Vice président/président désigné

(Biographical information supplied by the candidate/Renseignements biographiques fournis par chaque candidat)

Lois Wyndham

Current Position: Librarian, Chedoke-McMaster Hospitals, Hamilton, Ontario

Background:

Lois has over twenty years experience in the special library field, working with collections in such diverse subjects as fisheries biology, rubber technology and business management. She has taught in the Library Techniques programs at both Sheridan College, Oakville and Mohawk College, Hamilton, and is currently Chair of the Advisory Committee for the Mohawk College Library and Information Technician Program. Her library at Chedoke-McMaster is part of the Hamilton & District Health Library Network and Lois is past Chair of the Network. As a member of an institution which is currently involved in process re-engineering and undergoing a merger, Lois is becoming well-versed in the art of coping with significant change and taking advantage of every opportunity to promote the library and its services.

Statement:

The decision to stand for election as Vice-President of CHLA/ABSC represents a significant challenge at a time when health care across the country is experiencing unprecedented change and upheaval. For some of our members it is the worst of times as budgets are cut, institutions merged or closed and library services threatened. For others, it is a time of opportunity as knowledge-based information gains recognition as a key component of quality health care and librarians are asked to take on new or expanded roles within their organizations. I believe that CHLA/ABSC can and should play an important role in helping members prepare for our "new world" of health care. Through activities such as national resource sharing initiatives, development of continuing education courses, continued dialogue with key information providers and the support of local chapter activities, the Association must strive to meet the needs of members in all types of health libraries. If elected, I am committed to working as part of the Board "team", first to ensure that the Association's mission, goals and activities continue to represent member needs, and second to ensure that we function in a responsible manner while fulfilling the mission. My vision is that in three years we will all be looking forward to "the best of times" for health librarians!

CHLA/ABSC Publications

CHLA/ABSC Standards for Library and Information Services in Canadian Healthcare Facilities, 1995

A major revision of the 1989 *CHLA/ABSC Standards for Canadian health care facility libraries*. These standards focus on the provision of knowledge-based, client-centred information, following the collaborative model developed by the Canadian Council on Health Services Accreditation (CCHSA). It also includes a glossary of terms, a resource bibliography, a self-evaluation checklist, and a key to the CCHSA Standards.

ISBN 0-9692161-4-5

30.00.....CHLA/ABSC Members

35.00.....All others

Note that all orders for the CHLA/ABSC Standards document will be accompanied by a free copy of the Workload Measurement Systems publication described below.

Workload Measurement Systems: a Guide for Libraries, 1992

CHLA/ABSC Task Force on the CHA/MIS Guidelines

This publication marks the culmination of three years' work by the Task Force entrusted with the task of laying the groundwork for developing national guidelines for collecting data on library workload measures. It also constitutes the course guide for a workshop accredited by CHLA/ABSC and the Medical Library Association (MLA).

Readers are given a thorough grounding in the basic terminology and salient features of workload measurement systems (WMS). The Guide contains detailed instructions on how to design and implement WMS programs to meet the disparate needs of various types and sizes. The value of WMS as a departmental management tool to assist in performance and budget monitoring is stressed.

Included in the Guide are sample data collection and assessment forms, a conceptual model delineating primary and secondary library functions and an annotated bibliography.

ISBN 0-9692171-3-7

5.00.....All orders

Ordering Information

Prices include postage and handling; do not add PST or GST.

All orders must be prepaid in Canadian funds. Please make cheques or money orders payable to:

Canadian Health Libraries Association or l'Association des bibliothèques de la santé du Canada.

Order from: CHLA/ABSC
P.O. Box 94038
3332 Yonge Street
Toronto, Ontario
M4N 3R1

Bibliotheca Medica Canadiana Editorial Policy

Other relevant documents:

- CHLA/ABSC Executive Manual
- Information for Contributors (issue #4 of each volume)
- Advertising Policy (BMC 14 (3) 1993: 160)
- Minutes of the CHLA/ABSC Board
- Minutes of the CHLA/ABSC Annual General Meeting

Editors, the Board, the Association

Bibliotheca Medica Canadiana is edited by the Editor and the Assistant Editor. These two volunteer positions are appointed by the Board of CHLA/ABSC.

The Board is apprised of the ongoing operations of *Bibliotheca Medica Canadiana* by the attendance of one of the Editors at the CHLA/ABSC Board Meetings. If attendance is not possible, a written report will be forwarded to the President of CHLA/ABSC at least one week prior to the first day of the Board meeting.

The Association members are apprised of the ongoing operations of *Bibliotheca Medica Canadiana* by the Editors' message in each issue of *Bibliotheca Medica Canadiana*. One of the Editors presents the *Bibliotheca Medica Canadiana* Editors' report to the Association's Annual General Meeting. Where neither editor can attend, it is their responsibility to ensure that the report is presented at the AGM. The report itself is subsequently published in *Bibliotheca Medica Canadiana*.

Submissions

All submissions received will be acknowledged with a *Notification of Receipt* or by personal communication.

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Information for Contributors

Manuscripts

The editors of *Bibliotheca Medica Canadiana* welcome any manuscripts or other information pertaining to the broad area of health sciences librarianship, particularly as it relates to Canada.

Contributors should consult recent issues for examples of the type of material and general style sought by the editors. Queries to the editors are welcome. Submissions in English or French are welcome.

Contributions should be submitted on disk, preferably in **WordPerfect** format, and also printed in duplicate and the author should retain one copy. Contributions should be **double-spaced** and **should not exceed ten pages or 3500 words**. Pages should be numbered consecutively in Arabic numerals in the top right-hand corner. Articles may be submitted in French or in English but will not be translated by the editors or their associates. Style of writing should conform to acceptable English usage and

syntax; slang, jargon, obscure acronyms and/or abbreviations should be avoided. Spelling shall conform to that of the **Oxford English Dictionary**; exceptions shall be at the discretion of the editors.

All contributions should be accompanied by a covering letter which should include the author's (typed) name, title and affiliations, as well as any other background information that the contributor feels might be useful to the editorial process.

References

All references should be given in the Vancouver style; see **Canadian Medical Association Journal** 1985;132:401-5. Contributors are responsible for the accuracy of their references. Personal communications are not acceptable as references. References to unpublished works shall be given only if obtainable from an address submitted by the contributor.

Information for Contributors (cont'd)

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Any illustrations or tables submitted should be black and white copy camera-ready for print. Illustrations and tables should be clearly identified in arabic numerals and should be well-referenced in the text. Illustrations and tables should include appropriate titles.

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Les rédacteurs de la *Bibliotheca Medica Canadiana* sont à la recherche de manuscrits ou d'autres renseignements portant sur le vaste domaine de la bibliothéconomie dans le contexte des sciences de la santé. Nous recherchons tout particulièrement des articles relatifs à la situation au Canada et à des thèmes d'actualité.

Si vous désirez nous soumettre un manuscrit, vous êtes prié de consulter quelques livraisons récentes de la revue pour vous familiariser avec le contenu et le style général recherchés par la rédaction. La rédaction recevra avec plaisir vos questions et observations. Les articles en anglais ou en français sont bienvenus.

Les articles devraient être remis en deux exemplaires et l'auteur devrait en garder une copie. Les articles devraient être dactylographiés à double interligne et ne devraient pas dépasser dix pages ou 3500 mots. Prière de numéroté les pages consécutivement en chiffres arabes en haut de la page à droite. Les articles peuvent être remis en français ou en anglais, mais ils ne seront pas traduits par la rédaction ni par les associés de la rédaction. Le style d'expression écrite se conformera à l'usage et à la syntaxe acceptables du français; il est préférable d'éviter l'argot, les sigles et autres abréviations obscures. L'orthographe se conformera à celle du *Robert*; les exceptions à cette règle seront à la discrétion de la rédaction.

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